Stakeholder Consultation to inform

the development of the

National Mental Health Promotion Plan

Report
January 2022

Executive Summary

Healthy Ireland in the Department of Health, is leading on the development of the National Mental Health Promotion Plan, working in association with the HSE. To inform the development of the plan, Alpha were commissioned to conduct a consultation with key stakeholders including Government Departments, the HSE, and Voluntary and Charitable Organisations who are involved broadly in Mental Health Promotion.

This report provides a summary of the feedback from this stakeholder consultation which is to be used by the project team to inform the development of the National Mental Health promotion plan.

Following the establishment of a Project Group a stakeholder mapping exercise was conducted to determine the relevant stakeholders. A stakeholder matrix and engagement plan were then developed, and approved, which set out the stakeholders to be engaged with and the engagement type. The objectives of the consultation were set as:

- To identify priority action areas for the National Mental Health Promotion Plan
- To provide for engagement across other Government Departments and gain agreement on what each Department will deliver in the area of Mental Health Promotion
- To prioritise the Government Departments that have a significant contribution to make to mental health promotion and identify key action areas for each.

A series of one on one and small group meetings and workshops were conducted and facilitated by Alpha. Additionally, a survey was issued to a widespread group of stakeholders, as set out in engagement plan, involved in mental health promotion.

The feedback from all of these engagements is set out in this report for consideration by the project team into the development of the National Mental Health promotion plan. Priority actions identified by the various stakeholders were sorted into the following categories:

- Approach & initiatives
- Awareness & Understanding
- Policy
- Priority Groups
- Resourcing
- Supports & Services

A survey was issued to over 209 stakeholders and there were 88 responses which is a response rate of over 40%. A detailed survey analysis pack has been prepared in addition to this report and key extracts from the survey are included in this report.

It is envisaged that the stakeholder proposed priority actions under each of these categories will be considered by the project team and developed into priority actions for the NMHPP following a consideration of the International Leading practice review and the Department of Health's and Programme for Government priorities aligned to other policies and strategies.

Key Emerging Themes from Stakeholder Feedback

Following extensive engagement with a broad stakeholder group, as set out in this report, there are a number of key emerging themes to help inform the development of the National Mental Health Promotion Plan (NMHPP) and these are set out below. The detailed summaries of the various stakeholder groups are attached to this report (Appendices 2 to 7) and help provide a broader input and context for the development of the NMHPP.

A number of stakeholders referenced the position statement of the International Union for Health Promotion for Education [1], which sets out 8 priority areas for Mental Health Promotion which should be used as a foundation for the development of the NMHPP.

Key Emerging Themes:

1. Policy
- This is a national plan and should take an all of government approach. It needs to be high level and should set a direction of travel for mental health promotion nationally. Set out
  1. broad goals of mental health promotion
  2. principles underpinning these
  3. promote partnership and collaboration and
  4. cross departmental approach
- Plan should be at high enough level to give direction and principles and then individual organisations and groups should develop a series of implementation plans (for mental health promotion) that align with these
- Include proofing of all policies for mental health and wellbeing
- The NMHPP should take a whole of government and whole of society approach and should be seen as supporting existing strategies and polices

2. Approach & Awareness
- Mental health promotion should be part of an overall public health strategy and response, and should be very clear in the language and messages it wishes to promote around mental health
- Mental health initiatives should be co-designed and co-produced with key stakeholders taking into consideration the wider determinants of health
- The NMHPP should consider all that is currently being done in health promotion and seek to build a guidance framework that integrates the good initiatives and enables them to continue and grow
- Mental health promotion is about changing behaviours and attitudes and Behavioural Psychology input should be used to support development of the plan and key messaging to improve literacy and reduce stigma around mental health
- The NMHPP should tackle loneliness and isolation
- Promote positive mental health focused on ordinary life events and ordinary things that are relevant and mean something to people – i.e. build on campaigns like 'The Little things'
- Focus activities using evidence and existing knowledge of life events that are known to impact on mental health – i.e. around bereavement, on vulnerable groups such as LGBTI+ & travellers
- Consider mental health promotion from an individual, community and structural barriers perspective

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[1] Critical Actions for Mental Health Promotion – Position statement of the IUHPE – March 2021 – www.iuhpe.org

- Differentiate between normal growing up feelings and sensitivities versus people who are genuinely feeling unwell and have a mental health problem
- Highlight the benefits to people of sports activities, physical activities and other activities such as volunteering and getting involved in the communities - all of these help people feel better and helps their mental health
- Promote the key message of - **#mindyourself** – help people build resilience
- Professionals would say that the steps you take to promote positive mental health are the same for everyone. They are common and relevant to all, just the messaging and language may need to vary depending on context and alignment to local populations and groups -i.e. around cultural, age and populations in areas of deprivation
- The NMHPP should include a mapping of what all organisations are currently doing on mental health promotion and a roadmap to move towards a much greater coordination and streamlining of messaging and supports – move towards simplifying language and messaging
- Include actions to develop a 'toolkit' that people can use to look after their mental health

3. Priority Groups
- Plan should focus on the young, frail and elderly population cohorts. Targeting the young, targets the parents as well
- Factor in the voices and needs of vulnerable, disadvantaged and priority groups, so as to promote mental health for all of society
- Mental health promotion should focus on individual, family and friends and not just broader communities and organisations – make it local and make it relevant to individuals
- Ensure mental health promotion is youth friendly – consider how to make the plan authentically youth focused and align with how the younger population think and behave

4. Resourcing
- If plan is to be effectively sold to the public and society, it needs a public face for the promotion campaign – a well-known sports personality or other such publicly know & trusted personality who can sell the key messages to the public young and old – its needs leadership & credibility
- Funding and resources are required to translate the mental health promotion plan into reality and practice
- The NMHPP should have a national implementation plan and team to maintain oversight and evaluate implementation progress

Contents

1. Introduction

There is a growing body of evidence, at an international level, on the benefits to individuals and society at large when positive mental health is promoted and integrated across the life course. Sharing the Vision, Healthy Ireland, and Sláintecare' s Strategic Action Plan call out the development of a National Mental Health Promotion Plan (NMHPP). The impacts of COVID-19 have raised the urgency of this key initiative.

Healthy Ireland in the Department of Health, is leading on the development of this National Mental Health Promotion Plan, working in association with the HSE. To inform the development of the plan, Alpha were commissioned to conduct a consultation with key stakeholders including Government Departments, the HSE, Voluntary and Charitable Organisations who are involved broadly in Mental Health Promotion.

This report provides a summary of the feedback from this stakeholder consultation which is to be used by the project team to inform the development of the National Mental Health promotion plan.

2. Engagement Approach

Following initial engagement with the Project Team a Project Charter and Governance structure were developed and approved. Following this Alpha conducted a mapping exercise of all potential stakeholders that should be considered for part of this consultation process.

The following key reference documents were reviewed and considered to inform this mapping exercise:
1. HSE Mental Health Promotion Plan – draft Actions
2. Sharing the Vision
   - Sharing the Vision, A Mental Health Policy for Everyone[2] (Appendix 2: Members of Oversight Group and List of Stakeholders)
   - Change for the future – A Vision for Change -refresh – Final Report[3] (P18 – Consultations, Section C: Promotion, prevention and early Intervention)
   - Stock-take of progress on A Vision for Change (AVFC) Page 14[4]
3. HSE Developing a Community Response to Suicide[5] (Page 8 – refers to working group and stakeholders)
4. HSE Psychosocial Response to Covid-19 Pandemic Appendices[6] (Appendix 1: National Mapping Consultation List)
5. Connecting for Life[7] (Development Partners[8], Cross Sectoral Group [9], Stakeholders Membership of advisory groups, Page 7 & 8 and appendix 5.

As part of the project team, the HSE provided insights from their stakeholder engagement process, and these were used to inform and help prioritise the stakeholders and engagement for this work. Following completion of this mapping exercise a detailed stakeholder engagement plan was developed, reviewed and approved by the Project Group. A copy of this stakeholder engagement plan is shown in Appendix 1.

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[2] 76770_b142b216-f2ca-48e6-a551-79c208f1a247 (3).pdf
[3] 78509_baa20a18-490e-414a-bbe1-722ce2cacd53 (3).pdf
[4] 210916 Sharing the Vision - Stocktake on progress.pdf
[5] 210916 HSE community-response-to-suicide.pdf
[6] Appendices for the HSE Psychosocial Response to the Covid19 Pandemic 2020
[7] connectingforlife.pdf (hse.ie)
[8] Partner Organisations: Connecting for Life - HSE.ie
[9] Cross-Sectoral Group - HSE.ie

All meetings were arranged, and workshops booked up to 3 weeks in advance to aim for best possible attendances at each. All consultations were conducted online and facilitated by the Alpha team. The level of attendance and participation was very good.

3. Stakeholder feedback Analysis

Alpha has a well proven methodology for undertaking qualitative research through stakeholder engagements. The raw data and feedback from stakeholders were analysed in 3 stages, as follows:

- Stage 1 – detailed notes from each meeting /workshop
- Stage 2 – refined and categorised summary notes by meeting /workshop
- Stage 3 – consolidation of key feedback from all of the stakeholder engagements

Following completion of all the meetings and workshops the stage 1 notes as well as the survey results were all reviewed, and a suitable categorisation list developed so that the feedback could be gathered and presented back in a cohesive manner to the Project Group.

The categories established were:

- Approach & initiatives
- Awareness & Understanding
- Policy
- Priority Groups
- Resourcing
- Supports & Services

All of the stakeholder stage 1 feedback was reviewed and summarised into the above categories to produce the stage 2 summary for each stakeholder engagement. Each of the stage 2 summaries were then reviewed and this feedback was consolidated to produce the summary feedback presented in section 4 below. The schematic illustrating this research methodology is shown for reference in Figure 1.

4. Key Emerging Stakeholder Feedback

The consolidated feedback from the workshops and 1 on 1 meetings is set out below.

Summary Comments from these open Discussions

1. **Are there examples of good practice, Nationally & Internationally that should be considered to inform the development of the NMHPP?**
- 'Little Things' campaign was a big success
- Social prescribing is working well
- Mens Shed is a very good initiative – this is a good example of a local initiative
- There are a lot of initiatives that do not have words 'mental health' linked to them but help people to feel better about themselves – such as social prescribing etc. need more such initiatives
- Work done on suicide prevention – teenagers and youth wellness
- Natural approach to home visiting – trained 'Community mothers' - targeting positive mental health and strong relationships

NMHPP Stakeholder Feedback Analysis

1 on 1 /Small Group Meetings

One on One Meetings:
1. Tom James - Healthy Ireland Lead
2. Seamus Hempenstall - Dept of Health Mental Health Unit
3. Jim Ryan - HSE (Head of Operations, Quality and Service Improvement)
4. Anne Sheridan - HSE (Lead on the development of the HSE Mental Health Promotion Plan & Orla Walsh
5. Sarah Woods - HSE (Lead for Strategy Coordination, Quality & Education, NOSP, HSE
6. John Saunders (Chairman)/ John Farrelly (CEO) - Mental Health Commission
7. Prof. Margaret Barry - Health Promotion and Public Health, NUIG

DoH
- Department lead- Women's Health Taskforce - Rhona_Gaynor@health.gov.ie
- Office Chief Nursing Officer – Georgina Bassett, DCNO

DCEDIY
- Parenting Support Policy (Ciara Pidgeon)

Workshops

Mental Health Group

Arts, Sports & Culture Group

Education/Employability Group

Connecting for Life Group

Survey

External Stakeholder Survey

Internal Alpha Use

Stage 1

Meeting Notes:
Detailed notes of each meeting (typed or hand written)

Smart Survey detailed results:
- External survey

Stage 2:
A high-level summary per group (meetings and survey)
1. **One on one & small group meetings**
Workshops:
1. **Mental Health group**
2. **Arts, Sports & Culture Group**
3. **Education, Employability Group**
4. **Connecting for Life Group**

1. **Survey**

Report template (by Group)
- What has worked well/ not so well in MHP
- What are top Challenges & Opportunities
- What are the top priority Actions
- How to take an Interdepartmental approach
- Future Vision – what good looks like
- One Overarching Outcome
- Other Comments

Stage 3:
Consolidation of Stakeholder key feedback categorised for consideration for the National Mental Health Promotion Plan

Report template
- Executive Summary
- Introduction
- Engagement Approach
- Key Emerging Messages:
  - Good Practice
  - Opportunities & Challenges
  - Key Priority Actions
  - Engagement across Departments & Society
  - Future Vision
  - Other Comments
- Appendices – Individual Feedback Summary

Key Themes & Priorities for development of the National Mental Health Promotion Plan

Note: All individual notes and records will be permanently deleted 1 month after completion of stakeholder feedback analysis

Figure 1: Qualitative analysis of Stakeholder feedback

- Physical activity contributes to good mental health and there are a number of good examples of physical activities such as:
  - o Get Ireland Walking
  - o Park Run
  - o Rugby Club Initiatives
- The WHO have a large and growing evidence base that is underpinning many of the current initiatives that focus on mental wellbeing
- Organisations such as the GAA have a large infrastructure that can be used for physical and social activities – can bring people together in a positive and safe environment at community level
- Good all of government campaign of 'In this together' earlier this year in response to COVID-19

2. What are the top challenges and opportunities to developing an NMHPP?

Challenges
- Need to have clear separation between mental health promotion and pathological link to mental health illness
- What do public mean and understand when they talk about mental health? Plan should clarify what good mental health means.
- Mental health is not sold as being 'urgent' – there is a need to get a sense of urgency around mental health promotion and COVID-19 has highlighted this
- There is a cultural problem around the words 'mental health' – seen as negative, a barrier
- Mental health promotion has to be positive and articulate what it 'does for me'
- There is a huge need for women's health and health promotion amongst women
- Help people understand and remove stigma of talking about mental health
- Need to be careful not to create an anxious and concerned society – creating a new breed of 'worried well' people. Must temper plan accordingly and be careful that messages being given are appropriate. It should not be about providing more services.
- How people understand mental health, wellbeing and the language around this – can be hard to grasp just what we are talking about. Use informing evidence to support
- When people hear mental health, they will automatically think/hear mental ill health and think mental illness – it will be a major challenge to focus on mental health promotion
- How integrated is this plan going to be across all of the health and social care services and then voluntary and other sectors and what value is this NMHPP going to add
- Plan will need to be cross sectoral and link to all of the existing strategies and policies
- Getting the right information to the right people at the right time – information needs to be clear and simple for people to understand and people need to engage
- You need to know your audience and tailor messaging accordingly
- Disjointed approach to mental health promotion. Programmes and initiatives are not joined up and partnering and collaboration could be better
- The effectiveness of mental health promotion is very hard to measure – how do we measure impacts and outcomes
- Getting across consistent and clear messages on mental health promotion – there are so many different organisations offering supports and services
- There is a lack of an all-Ireland approach to mental health promotion and the linkages of physical or other activities that give a sense of purpose and better mental wellbeing
- Leadership – seems to be a lack of structure and someone /organisation pulling it all together at the 'centre'.

- There is a need for **engagement and coproduction** amongst the various different groups – talk to people, ask them what they want and need and design promotion, materials and supports accordingly
- There should be a common terminology and language
- There is a lack of awareness of mental health promotion by employers
- There is a certain exhaustion from the continuous discussion on wellbeing (during pandemic) – important to emphasise that 'it's okay to be okay'
- Care needs to be taken that the development of an all-encompassing national mental health promotion plan doesn't unintentionally undermine other mental health promotion work

Opportunities
- Map out everything that is currently going on and ensure it is aligned to this national mental health promotion plan
- Find channels to link with people across society – different groups, messages must be tailored to each group
- Mental health is now very topical and there is a greater awareness of mental health challenges due to COVID-19 – so it is very timely to be doing a national mental health promotion plan
- There is a need for a coordinated approach to all activities around mental health promotion, rather than another big promotional and aspirational programme promotion and launch
- Promote low tech, simple community initiatives that may not be called out as 'mental health' activities
- Conversation around mental health is opening up due to COVID-19 and there is an appetite amongst the public/society to embrace this and opportunity for this plan to engage
- The need for a NMHPP existed well before the pandemic, COVID-19 has brought a renewed need and priority to it
- Linking physical and mental health – both ways
- Integrate mental health into mainstream health and social care services and planning
- The NMHPP is a great opportunity to provide a blueprint to help align and integrate mental health promotion plans and initiatives
- Do not focus so much on mental health promotion, focus on doing things we know help people's mental health
- The pandemic has highlighted the importance of mental health and wellbeing

3. What are the top priority actions that should be included in the NMHPP?

Approach & Initiatives
- Behavioural psychology needs to be a key part of the plan – need to find the 'channels' to communicate with people at their level and within their communities
- We should think wider and look to connecting arts and cultural factors to mental health, as well as the linkages made with physical health
- Messaging is key – must listen to groups and align messaging appropriate to local populations and groups – cultural, age, and areas of deprivation
- Sports is a safe space – don't interfere with this area. People need a break, and we should not talk too much about mental health such that it creates a new worried well
- Be careful to normalise what are normal parts of life – i.e. such as growing up, and not seeking to put everything into a pathology and having a service to support
- The co-design and co-production of initiatives is essential

- Inclusion – always ask who we might be leaving out or for whom might this not be applicable (this way we will not leave out anyone in mental health promotion)
- Reconsider the workplace framework – COVID 19 has now challenged the workplace and the working arrangements
- Language around mental health promotion may need to vary depending on context – i.e. healthy workplaces or social and emotional wellbeing within schools. NMHPP should be context specific
- Recognise that women's mental health is disproportionally affected by the additional roles they typically have as mothers, wives, carers etc
- Reference made to the International Union for Health Promotion and Education (IUPE) who have already set out, very clearly 8 priority areas for mental health promotion.
- The HSE has already developed a mental health promotion plan. There were strong voices calling out for the NMHPP to take an integrated approach and that the HSE plan aligns with it and that there is one overall plan
- Look at education system – where does resilience and life skills get promoted and developed
- We should map what is already out there and current promotional activities – a lot going on in the community and other areas. The NMHPP should help integrate all these and ensure they align with national approach. Do not reinvent the wheel!
- Go from grass roots up rather than tops down. Some of these are not labelled as 'mental health promotion programme' i.e. promote community initiatives such as Mens Sheds
- Coherence is very important – some participants were not even aware of a separate HSE mental health promotion plan – there is a dizzyingly array of reports, policies and initiatives across the board and it is very hard to make sense of it all
- Promotion campaigns need to be managed carefully so as not to increase level of the 'worried well' but promote the idea that ' it's okay to be okay' also
- Mental health and mental health promotion needs to be part of a public health response
- Co-ordinate what is happening around the country in relation to mental health promotion
- We should focus on social connections and focus on reduction of isolation
- There is a lot already happening and available around mental health promotion and plans and this national plan needs to consider all of this and somehow ensure that all of these initiatives are integrated and align with agreed national policy approach

Awareness & Understanding
- Highlight the benefits to people of sports activities, physical activities and other activities such as volunteering and getting involved in the
- There are so many messages – how can we streamline, simplify and promote notion of sport and wellbeing, sport can be a tool to support this
  - key message - **# mindyourself** – this is what we want to promote and help people build their resilience
- Mental health promotion is about changing behaviour and attitudes
- Make messaging relevant and focused on individuals – address 'what this does for me'
- Develop and help people understand mental health – improved mental health literacy
- Unpicking stigma – there is still stigma around mental health and link to mental illness
- Need a national set of mental health and wellness indicators
- There is a need for greater personal responsibility and self-awareness so that people are less reliant on a service having to 'rescue them'
- Need to be clear in the language and messages we wish to promote around mental health
- Work to make supports the norm – i.e. people in the future would view counselling more in a positive, helpful light, rather than as a stigma, as is the current situation

- Education is key -build up awareness and understanding of life skills and self-care - don't reinvent the wheel – there are loads of existing programmes
- Help address the diversity of understanding around mental health and emotional wellbeing – promote a wider understanding of mental health and mental wellbeing
- Clearly define what mental health promotion is so that people don't put the focus on Mental Health (illness)
- Promote CHIME - Connection, Hope, Identity, Meaning and purpose in life and Empowerment

Policy
- This is a national plan and should take an all of government approach. It needs to be high level and should set a direction of travel for mental health promotion nationally. Set out
    - broad goals of mental health promotion
    - principles underpinning these
    - promote partnership and collaboration and
    - cross departmental approach
- Plan should be at high enough level to give direction and principles and then individual organisations and groups should develop a series of implementation plans (for mental health promotion) that align with these
- Healthy Communities recognises that that are many factors impacting on wellbeing – this mental health promotion plan must address inequalities that exist across society
- Positioning of this plan and Healthy Ireland – should this be in the Dept. of An Taoiseach to make it all of government programme and initiative
- Professionals would say that the steps you take to promote positive mental health are the same for everyone. They are common to all and relevant to all, just the messaging and media may be different for different groups
- Who are we trying to influence here - is it a whole of society plan (recommended it should be) and then what does mental health mean to different people in society
- Mental health promotion should take a full life course perspective – this means starting at antenatal and considering the social and physical wellbeing of the mother and child and right through the stages of life up to older age
- Does this have to be called a national mental health promotion plan - this could be in small print but there is a concern it will link with mental illness. Need for debate and new approach
- Do we want to write a glossy plan to meet a deliverable, or do we want an approach that will have a longer impact on mental health of society? A plan is needed, but approach should be debated
- Proofing of all policies for mental health and wellbeing
- Build on the guidance and recommended 8 priority areas identified by the International Union for Health Promotion and Education
- Set out the 'criteria for actions' under the NMHPP
- Focus on the small things, small initiatives
- The NMHPP should take a whole of government and whole of society approach – intersectoral
- How can the actions in this plan be seen as supporting existing strategies and policies
- The NMHPP must be focused on actions/areas that can make tangible benefits to people in their daily lives
- Use social marketing techniques to target groups by appropriate alignment of language to each group within overall agreed policy framework
- Differentiate between mental health and mental wellbeing in the curriculum – they are different but tend to get linked and then related to 'mental illness'

- Important that mental health promotion should be seen in the context of a public mental health promotion response
- Need to set out clear underpinning principles driving the national mental health promotion plan

Priority Groups
- Plan should focus on the young, frail and elderly population cohorts. Targeting the young, targets the parents as well.
- Take a settings based approach and have actions specific to priority groups. Important that the plan calls out specific actions aligned to each group
- Essential that there is a set of specific actions aligned to groups that are socially excluded within society
- Very important to speak to groups who work with vulnerable or priority groups – hear their voices and needs
- Ensure mental health promotion is youth friendly – consider how to make these authentically youth focused and align with how the younger population think and behave
- Over 1 million parents in the country – their mental health is very important, and we know that many parents suffer from mental health issues
- Mental health promotion should focus on individual, family and friends and not just broader community and organisations
- Cannot be all things to all people – set priorities based on i) geographical areas or ii) populations – need to have a clear approach to setting priorities
- Address specific problem behaviours amongst specific cohorts around self-harm (at front end – how can supports help prevent/reduce

Resourcing
- Leadership - if plan is to be effectively sold to the public, we need a public face of the promotion campaign – a well-known sports personality or other such publicly well know & trusted personality who can sell the key messages to the public young and old
- Who is going to drive and be the catalyst for changing things
- Do baselining of where people are now in their mental health and measure during and after implementation of this mental health promotion plan
- The NMHPP will need a national implementation plan and team to maintain oversight and evaluate implementation

Supports & Services
- Children have experienced a lot of negative consequences as a result of COVID-19. There is a need to work on and provide supports to address this around areas such as resilience
- There is an element of 'tough love' here – and not conveying to people that they need a service for everything and that there is a service for everything
- The pathways for supports need to be clear and appropriate
- Can we have a 'toolkit' that people can use to look after their mental health
- Consolidation of existing service providers – undertake a mapping of what all of the organisations are doing and use this to move towards a much greater coordination and streamlining of messaging and supports

4. How can we support all Government Departments, Agencies and NGOs to understand the value of, and to action mental health promotion?

- Healthy Ireland should be the group to do this, and they should have the necessary resources, supports and authority to be the group to coordinate the interdepartmental approach
- Departments are already doing mental health promotion – important that all this work is recognised, understood and coordinated
- Need strong leadership here to connect all departments and give good direction in mental health promotion – what are the structures to do this
- There is a need for greater training of officials across the Departments, so they have a greater awareness and understanding of mental health promotion and their department's role in this
- Get into code of conduct for governments and state bodies
- This mental health promotion needs the support and buy-in from the Taoiseach's office
- When we say 'mind your mental health' – what do we mean by this and what does it mean to each Department, agency and NGO?
- Proposal that there should be a series of workshops across Departments to engage with and outline connections with mental health and mental health promotion. We don't need it to be every Department, we need to work with a number of key departments
- The UK, a few years ago appointed a Senior Adviser to help with taking a cross government approach to mental health promotion
- Focus on the everyday things that people do and look to connect departments accordingly
- Schools and doing things through the Education system cannot be the answer to everything
- There is a key leadership role required here to bring together initiatives and highlight and promote best practice
- Suggest 'leading from the middle', form alliances.
- Mental health is a whole of society problem and society is changing so quickly, we need to keep pace with these changing needs
- A cross sectoral approach means that you have representatives from each department with distinct responsibilities for the implementation of the plan, within their department.
- Key stakeholders should be involved in the detailed development of the implementation plan
- Try to build on what has been done already rather than build from new
- Develop a cross sectoral, clear understanding of what mental health promotion is.
- This also needs a well-resourced, dedicated multi-disciplinary team to coordinate

5. What should the future vision of mental health promotion be in Ireland?

- There is a better understanding across society of mental distress and mental illness and the mudding of the water is gone
- People feel better about themselves and 'happiness' factor across society has improved
- A number of cross governmental initiatives have been implemented – i.e. green spaces with infrastructure and information
- People are more comfortable talking about mental health and are more aware of the prevention and protective factors that improve mental health and wellbeing
- Mental health awareness is embedded across society and people want and get support as needed
- No longer any stigma around mental health
- Ireland and communities score highly on our quality of life metrics
- Universal understanding of mental health promotion and individual understanding that we all need strategies to have good mental health
- People are informed and have greater awareness of looking after themselves and their mental health

- Mental health is no longer a taboo subject
- People have the personal capacity to look after their mental wellbeing and feel and know that the supports are there for them if they need them
- Society has a better understanding and perception of what mental health and wellbeing is about and that it is normal to have an understanding of this -there is no stigma to talking about mental health

6. Other comments related to the development of the NMHPP?
- Mental health is about living a healthy lifestyle
- There is a lag between mental health promotion and seeing the societal benefits and this should be factored into plan
- Why two plans – one HSE and another DoH – will these work together, will they just cause confusion. Really important they align and are part of a single approach to a National plan
- What are the best indicators to determine the success of a good mental health promotion plan
- Concern around the word 'promotion' – do we have to call it this? can we find other more appropriate language

The stage 2 summaries for each group are shown in the appendices as follows:

- Appendix 2 - One on One and small group meetings
- Appendix 3 - Mental Health Group workshop
- Appendix 4 - Arts, Sports & Culture Group workshop
- Appendix 5 - Education, Employability Group workshop
- Appendix 6 - Connecting for Life Group workshop

5. Extract from Survey Results

As part of the agreed stakeholder consultation process, a survey was issued to a number of stakeholders to input into the engagement process in line with the plan set out in appendix 1. A detailed analysis report has been prepared and issued separately for the survey. An extract of the survey results is presented below.

The survey was issued to 209 people and there were 88 responses which is a response rate of 42%. Given it is likely that the survey was forwarded to some others within some organisations this rate is used as a guideline. A response rate in the region of 40% is considered a good response level.

The breakdown of the respondents is shown in figure 2. Some key findings from the survey:

- 96.6% stated they consider mental health promotion to be extremely important or very important.
- 53.4% of respondents rated digital mental health initiatives to be extremely important or very important in mental health promotion, a further 27.4% rated them to be important.
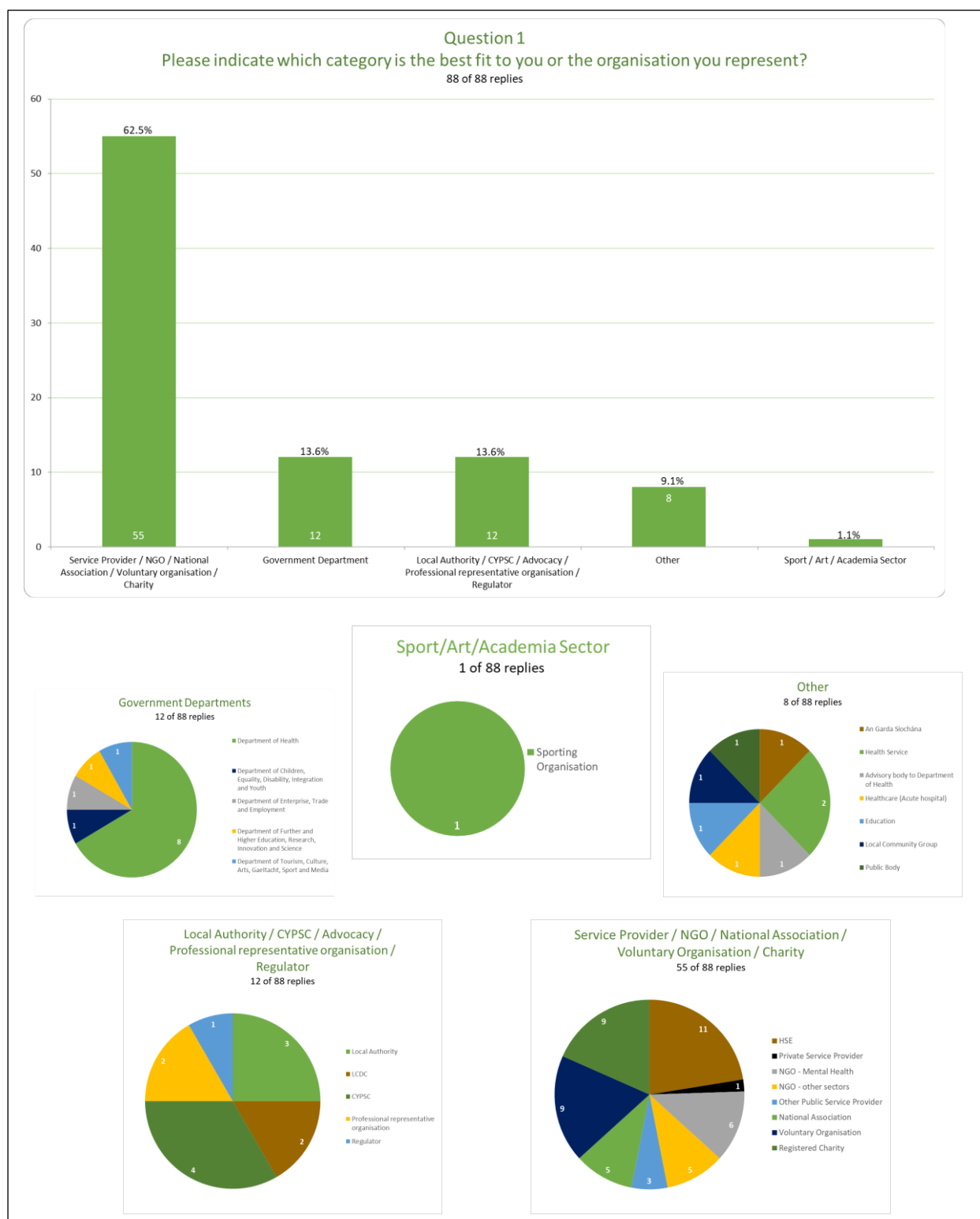
Figure 2: Survey response rates

Survey participants were asked to identify the key priority action areas that should be addressed in the NMHPP. Following an analysis of the text responses, and of the workshop feedback the categories set

out in section 3 above were used to categorise all feedback. The priority areas identified in the survey as well as the opportunities and challenges identified by respondents are shown in Appendix 7 below.

Appendices

Appendix 1 – Stakeholder Engagement Plan
Appendix 2 - One-on-One and small group meetings
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Appendix 1 – Stakeholder Engagement Plan

Consultation to Inform the Development of the National Mental Health Promotion Plan

Stakeholder Consultation Plan

19 October 2021

The purpose of the stakeholder consultation is to seek the views of as broad a section of stakeholders as is possible, within time and budget constraints, to input into the development of a cross government National Mental Health Promotion Plan. It is proposed that this is achieved through a mix of surveys, meetings and focus groups. This document sets out a stakeholder consultation plan following discussions and input from the Project Group, HSE and Healthy Ireland.

There have been a number of previous relevant consultations in the area of Mental Health to inform other plans for example Connecting for Life, Sharing the Vision and HSE Mental Health Promotion Plan. The Project Group and Alpha carried out a review of these recent consultations in the area of Mental Health Promotion to input to and inform this focused stakeholder engagement. A list of the previous relevant consultations are set out in appendix A.

Consultation Objectives

The objectives of this consultation with stakeholders are:

- To identify priority action areas for the National Mental Health Promotion Plan
- To provide for engagement across other Government Departments and gain agreement on what each Department will deliver in the area of Mental Health Promotion
- To prioritise the Government Departments that have a significant contribution to make to mental health promotion and identify key action areas for each.

Cross Government Engagement

Cross Government engagement is crucial to the development of a cross government Mental Health Promotion Plan that has government wide ownership and support. A key stakeholder group in the consultation process will be the Connecting for Life Cross Government Group (CFL Group) in which many Government Departments are represented. A focus group with the CFL group will take place as part of its scheduled meeting on 9 December.

HSE Engagement

Extensive stakeholder consultations have already been carried out by the HSE to inform the HSE's Mental Health Promotion Plan. The output from these consultations will be considered as part of this process and the HSE will be consulted through the CFL group consultation, detailed below and through an online survey to provide them with the opportunity to input specifically to the cross government National Mental Health Promotion Plan. The survey will be issued to the HSE Heads of Services in Mental Health, Heads of Health and Wellbeing, Chief Officers of CHOs and relevant Assistant National Directors. A letter will be issued to the Chief Officers of the CHOs to inform them of the planned consultation process and survey.

The proposed consultation engagement plan is set out below.

Stakeholder Matrix

A Stakeholder Matrix has been developed through discussion and input from Healthy Ireland, HSE and the Project Group. This matrix details stakeholders under the following categories:

- Department of Health
  - Healthy Ireland
  - Mental Health Unit
  - Older Persons Unit
  - Sláintecare
  - Social Inclusion
  - Women's Health Taskforce
  - Corporate Legislation
- Members of Connecting for Life Cross Government Group
- Other Government Departments
- Government Agencies
- HSE
- Representative/Professional Bodies
- Voluntary Bodies and Charities
- Other stakeholders

Consultation Plan

One to One Meetings/Small Group Meetings

A number of one to one meetings or small group meetings will take place with key stakeholders. These include:

One to One Meetings with
1. Tom James - Healthy Ireland Lead
2. Seamus Hempenstall - Dept of Health Mental Health Unit
3. Jim Ryan - HSE (Head of Operations, Quality and Service Improvement)
4. Anne Sheridan - HSE (Lead on the development of the HSE Mental Health Promotion Plan
5. Sarah Woods - HSE (Lead for Strategy Coordination, Quality & Education, NOSP, HSE
6. John Saunders (Chairman)/ John Farrelly (CEO) - Mental Health Commission
7. Prof. Margaret Barry - Health Promotion and Public Health, NUIG

Small Group Meeting - Dept of Health
- PO - Dept of Health Older Persons
- PO - Dept of Health Social Inclusion Lead
- SRO - Sláintecare
- Chair - Women's Health Taskforce
- SRO - Office Chief Nursing Officer

Small Group Meeting – DCEDIY
- PO – Disability Planning Unit (Orla McGovern)
- PO – Parenting Support Policy (Ciara Pidgeon)
- PO – Youth Reform, Strategy and Participation Unit (Bairbre Meaney)
- NIMC Specialist Group panel member (Claire Guilfoyle)
- CFL Group member (Niall Brennan)

Focus Groups

Facilitated Focus Group sessions will be conducted with the following groups:

Connecting for Life (CFL) Cross Government Group Consultation
A consultation will take place with all available members of the CFL Group as part of their next scheduled meeting on the 9th December. Membership of this group includes:

- Department of the Taoiseach
- Department of Health
- Department of Education
- Department of Children, Equality, Disability and Integration and Youth
- Department of Rural and Community Development
- Department of Enterprise, Trade and Employment
- Department of Agriculture, Food and the Marine
- Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media
- Department of Social Protection
- Department of Justice
- HSE
- Irish Defence Forces
- Irish Prison Service
- Tusla
- The Local Government Management Agency
- MyMind
- Irish College of General Practitioners
- Irish College of Psychiatrists of Ireland
- National Suicide Research Foundation
- Advancing Recovery, Ireland

Mental Health
A focus group of key organisations in the Mental Health area to include:

- Mental Health Ireland (Catherine Brogan – also on the NIMC Specialist Group panel)
- Mental Health Reform (Fiona Coyle – also on the NIMC Steering Committee)
- Shine (new CEO)
- Jigsaw (Joseph Duffy – also on the NIMC Steering Committee)
- Pieta (Denise Cronin – also on the NIMC Specialist Group panel)
- SpunOut (Ian Power – also on the NIMC Steering Committee)
- Alone
- Samaritan (Niall Mulligan – also on the NIMC Specialist Group panel)
- Aware
- Men's Sheds Association of Ireland
- Family Carers Ireland (John Dunne – also on the NIMC Specialist Group panel)
- Bodywhys
- BelonG To (Moninne Griffith – also on the NIMC Specialist Group panel)
- Merchants Quay Ireland
- Alzheimer Society of Ireland
- Grow Ireland (Michele Kerrigan – also on the NIMC Specialist Group panel)

Arts, Sports and Culture

A focus group will be convened to consider the input of art, sports and culture sectors to mental health promotion. The following will be invited to attend:

- Eamonn Kelly - Creative Ireland - Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media
- Director – Culture Ireland Unit - Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media
- PO – Sports - Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media
- SROs - Sport Ireland
- Sports Partnerships Lead – Sport Ireland
- SROs - Arts Council
- Des Tomlinson – FAI
- Colin Regan – GAA (community health division)
- Anne Marie Hughes – IRFU

Education/Employability

A focus group to consider the input of Education at all levels and the benefits of active employment and participation in mental health promotion. The following will be invited to attend:

- Intreo Lead - Department of Social Protection
- Other Department of Social Protection (Helen McDonald – also on the NIMC Specialist Group Panel)
- Director, NEPS – Department of Education (Anne Tansey)
- Regional Director NEPS - Department of Education (Deirdre McHugh)
- SRO, National Council for Curriculum and Assessment -NCCA (Annette Honan)
- PO - Teacher Education Policy - Department of Education
- Youthreach Lead - Department of Further and Higher Education, Research, Innovation and Science
- Department of Further and Higher Education, Research, Innovation and Science (Tim Conlon – also on the NIMC Specialist Group Panel)
- SROs - Higher Education Authority
- SROs - Solas
- SROs - The Probation Service
- Union of Students of Ireland (Ms Clare Austick – also on the NIMC Specialist Group Panel)

Local Government/Agency

- Engage with Paul Garrity, PO- DRCD – to connect with LDMA & request survey link to be sent to LCDCs (through LGMA)
- Engage with Colma Nic Lughadha, National Co-ordinator of CYPSCs & request link to be sent to CYPSCs

Survey

A survey with a mix of open and closed questions on the development of a national mental health promotion plan will be developed and issued to the following stakeholders:

HSE

A survey will be issued to
- Heads of Services in Mental Health
- Heads of Health and Wellbeing
- Chief Officers of CHOs
- Relevant Assistant National Directors.

A letter will be issued to the Chief Officers, in advance, to inform them of the survey consultation.

Other Government Departments

Government Departments not included in the above focused groups engagements will receive a survey. These include:
- Department of Defence
- Department of the Environment, Climate and Communications
- Department of Transport

NGOs

The survey will be issued to the Mental Health Reform and The Wheel for completion to represent the views of their members. The Wheel have approximately 2000 member Charity Organisations and Menth Health Reform have 77 member organisations in the area of Mental Health.

NIMC Specialist Group Panel

The survey will be issued to all members of the Specialist Panel who have not been engaged in the one to one meetings or focus group sessions above. Members of the panel represent the following organisations:

- NCBI
- Mental Health Ireland
- Exchange House Ireland
- ISPCC
- NMBI
- Department of Justice and Equality
- Department of Further and Higher Education, Research, Innovation and Science/ HEA
- HRB
- LGBT Ireland
- Psychological Counsellors in Higher Education Institutions (PCHEI)
- Department of Rural and Community Development
- BeLongTo
- Department of Children, Equality, Disability, Integration & Youth
- Irish Nutrition & Dietetic Institute
- SIPTU
- Formerly Turn2me
- Grow
- TENI
- Aware
- Chime

- Traveller Counselling &Psychotherapy Service
- Department of Employment and Social Protection
- Department of Education and Science
- Association of Professional Counsellors & Psychotherapists
- Irish Association for Counselling and Psychotherapy (IACP)
- Samaritans
- CAIRDE
- Irish Advocacy Network
- NXF
- Irish Nurses and Midwives Organisation
- National Disability Authority
- National Youth Council of Ireland
- Department of Housing, Local Government and Heritage
- Irish Council for Psychotherapy
- Self-Nominee – Family Carer Representative

Other Stakeholders

In addition, this survey will be issued to all other identified stakeholders not included in the above engagements but identified within the detailed stakeholder matrix.

APPENDIX A

Consultation to Inform National Mental Health Promotion Plan
Reference documents – stakeholder matrix development

1. HSE Mental Health Promotion Plan – Draft Actions
2. Sharing the Vision
    a. Sharing the Vision, A Mental Health Policy for Everyone[10] (Appendix 2: Members of Oversight Group and List of Stakeholders)
    b. Change for the future – A Vision for Change 'refresh – Final Report[11] (P18 – Consultations, Section C: Promotion, prevention and early Intervention)
    c. Stock-take of progress on A Vision for Change (AVFC) Page 14[12]
3. HSE Developing a Community Response to Suicide[13] (Page 8 – refers to working group and stakeholders)
4. HSE Psychosocial Response to Covid-19 Pandemic Appendices[14] (Appendix 1: National Mapping Consultation List)
5. Connecting for Life[15] (Development Partners[16], Cross Sectoral Group [17], Stakeholders Membership of advisory groups, Page 7 & 8 and appendix 5.

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[10] 76770_b142b216-f2ca-48e6-a551-79c208f1a247 (3).pdf
[11] 78509_baa20a18-490e-414a-bbe1-722ce2cacd53 (3).pdf
[12] 210916 Sharing the Vision - Stocktake on progress.pdf
[13] 210916 HSE community-response-to-suicide.pdf
[14] Appendices for the HSE Psychosocial Response to the Covid19 Pandemic 2020
[15] connectingforlife.pdf (hse.ie)
[16] Partner Organisations: Connecting for Life - HSE.ie
[17] Cross-Sectoral Group - HSE.ie

Appendix 2 - One-on-One and small group meetings

National Mental Health Promotion Plan (NMHPP) Development

Stakeholder Engagement – Feedback on Initial Open Stakeholder Engagement

November 2021

Individual/small group meetings were held with the following key stakeholders

1. Healthy Ireland Lead – Tom James
2. Dept of Health Mental Health Unit - Seamus Hempenstall
3. HSE Head of Operations, Quality and Service Improvement – Jim Ryan
4. HSE Lead on the development of the HSE Mental Health Promotion Plan - Anne Sheridan & Orla Walsh, HSE
5. HSE Lead for Strategy Coordination, Quality & Education, NOSP - Sarah Woods
6. Mental Health Commission - John Saunders (Chairman)/ John Farrelly (CEO)
7. Health Promotion and Public Health, NUIG - Prof. Margaret Barry
8. Department of Health Lead on Women's Health Taskforce - Rhona Gaynor
9. Office of Chief Nursing Officer - Georgina Bassett, DCNO
10. Parenting Support Policy (DCEDIY) - Ciara Pidgeon

Summary Comments from these open Discussions

1. **Are there examples of good practice, Nationally & Internationally that should be considered to inform the development of the NMHPP?**
- Examples of Social inclusion that call out the social determinants of health
- 'Little Things' campaign was a big success
- Social prescribing is working well
- Mens Shed is a very good initiative – this is a good example of a local initiative
- There are a lot of initiatives that do not have words 'mental health' linked to them but help people to feel better about themselves – such as social prescribing etc. need more such initiatives
- Work done on suicide prevention – teenagers and youth wellness
- Survey carried out in 2020 with over 800 parents cited mental health as an issue of concern
- Natural approach to home visiting – trained 'Community mothers' - targeting positive mental health and strong relationships

2. **What are the top challenges and opportunities to developing an NMHPP?**

Challenges
- Need to have clear separation between mental health promotion and pathological link to mental health illness
- What do public mean and understand when they talk about mental health? Plan should clarify what good mental health means. Comparator could be that people now engage in physical exercise because it makes them feel good (as well as being good for them)
- Mental health is not sold as being 'urgent' – there is a need to get a sense of urgency around mental health promotion and COVID-19 has highlighted this
- There is a cultural problem around the words 'mental health' – seen as negative, a barrier
- There is a challenge around a 'stressed society' being overwhelmed with information and messaging – mental health promotion will need to address this and get its messaging right

- Mental health promotion has to be positive and articulate what it 'does for me'
- There is a huge need for women's health and health promotion amongst women
- Work to be done on the area of wellbeing needs to be outcomes focused
- There is a lack of understanding of mild to moderate mental health issues
- At an all of government level there are varying levels of buy in – helping people understand and feel that mental health promotion is everyone's business is a challenge
- Help people understand and remove stigma of talking about mental health
- As you make people more aware of their mental health, then you need supports and services to back this up
- Need to be careful not to create an anxious and concerned society – creating a new breed of 'worried well' people. Must temper plan accordingly and be careful that messages being given are appropriate. It should not be about providing more services. Talk about the good things and help people feel better about themselves ,then less need for more services
- How people understand mental health, wellbeing and the language around this – can be hard to grasp just what we are talking about. Use informing evidence to support
- The area of mental health is so broad, it can be hard to get your head around the topic
- When people hear mental health, they will automatically think/hear mental ill health and think mental illness – it will be a major challenge to focus on mental health promotion. We should talk in terms of positive mental health and promote positive mental health and wellbeing
- There has been a huge demand around mental health of children coming from parents groups – this has been around children's resilience and mental wellbeing

Opportunities
- Find channels to link with people across society – different groups, messages must be tailored to each group
- Mental health is now very topical and there is a greater awareness of mental health challenges due to COVID-19 – so it is very timely to be doing a national mental health promotion plan
- Help people understand and know their own coping strategies
- There is a need for a coordinated approach to all activities around mental health promotion, rather than another big promotional and aspirational programme promotion and launch
- COVID has presented an opportunity, because it is now okay to talk about not feeling well and to talk about your mental health. This has opened the door for the NMHPP. However, care is needed to balance conversation and not convey that there is a mental health epidemic
- The groundwork done by the HSE and the HSE draft mental health promotion plan is an opportunity to help inform and integrate into the NMHPP
- During the pandemic there has been a greater emphasis on taking care of your mental health and linking that to exercise, keeping well, looking after yourself and connecting with neighbours
- Addressing issues like alcohol, drugs etc closer to home, you can address things earlier and positively impact on mental health
- Promote low tech, simple community initiatives that may not be called out as 'mental health' activities
- Conversation around mental health is opening up due to COVID-19 and there is an appetite amongst the public/society to embrace this and opportunity for this plan to engage
- COVID-19 have highlighted how important social interaction is for mental health

3. What are the top priority actions that should be included in the NMHPP?

Approach & Initiatives

- Behavioural psychology needs to be a key part of the plan – need to find the 'channels' to communicate with people at their level and within their communities
- We should think wider and look to connecting arts and cultural factors to mental health, as well as the linkages made with physical health
- List out the key priority programmes which are to be supported and funded
- Messaging is key – must listen to groups and align messaging appropriate to local populations and groups – cultural, age, and areas of deprivation
- COVID messaging needs to be consistent and align with messaging around taking care of yourself – i.e. telling people to stay at home conflicts with advising people to get out and exercise
- Must be peer led and pitched at a community level
- Sports is a safe space – don't interfere with this area. People need a break, and we should not talk too much about mental health such that it creates a new worried well
- Important not to try and do everything under a NMHPP – we cannot put everything under one huge umbrella
- Be careful to normalise what are normal parts of life – i.e. such as growing up, and not seeking to put everything into a pathology and having a service to support -i.e. be careful that people do not think they need an 'expert' to help them for what may be normal life events. People's self-control
- Use the 5 pillars of Ottawa charter – important for mental health
- The co-design and co-production of initiatives is essential
- Inclusion – always ask who we might be leaving out or for whom might this not be applicable (this way we will not leave out anyone in mental health promotion)
- Reconsider the workplace framework – COVID 19 has now challenged the workplace and the working arrangements and environmental are now changed, most likely for ever
- Need to tackle loneliness and isolation
- Take a trauma informed lens and bring this out as a theme in mental health promotion
- Low tech interventions can help people considerably
- Good mental health can also help with someone's physical health
- Plan must have concrete actions - look at for example early years, early childhood & schooling and call out specific actions in these areas
- Language around mental health promotion may need to vary depending on context – i.e. healthy workplaces or social and emotional wellbeing within schools. NMHPP should be context specific
- Campaigns like 'The Little Things' should be developed and expanded – these were all about ordinary life and ordinary things and driving a positive mental health view
- Recommend campaign targeted at women's mental health
- Recognise that women's mental health is disproportionally affected by the additional roles they typically have as mothers, wives, carers etc
- Address the reality of the workplace – what are the frustrations that people are trying to address and how to give positive messaging and address within the work environment
- We have evidence and know about particular groups and events that impact on people's lives and mental health and show focus on addressing/supports around these, such as:
    - separation, bereavement
    - groups such as LGBTI+ and travellers etc

Awareness & Understanding

- Mental health promotion is about changing behaviour and attitudes
- Make messaging relevant and focused on individuals – address 'what this does for me'

- Develop and help people understand mental health – improved mental health literacy
- Unpicking stigma – there is still stigma around mental health and link to mental illness
- Need a national set of mental health and wellness indicators
- Sometimes benefits of activities may not be reported or linked with mental health but help a person's mental health
- Do local TV and Radio promotions that focus on the needs, cultures and profile of those communities and let things flow up from below, rather than down from the top
- There is a need for greater personal responsibility and self-awareness so that people are less reliant on a service having to 'rescue them'
- What behaviours are you trying to address – aligned with age profiles
- Evidence shows that positivity can help address depression and concept of the power of one good thought. Jigsaw for example talk about the power of one good adult and how one good meaningful relationship can positively impact on the child /teenager

Policy
- Healthy Communities recognises that that are many factors impacting on wellbeing – this mental health promotion plan must address inequalities that exist across society
- Positioning of this plan and Healthy Ireland – should this be in the Dept. of An Taoiseach to make it all of government programme and initiative
- Professionals would say that the steps you take to promote positive mental health are the same for everyone. They are common to all and relevant to all, just the messaging and media may be different for different groups
- Who are we trying to influence here - is it a whole of society plan (recommended it should be) and then what does mental health mean to different people in society.
- Mental health promotion should take a full life course perspective – this means starting at antenatal and considering the social and physical wellbeing of the mother and child and right through the stages of life up to older age. This should be about where we live our lives.
- Does this have to be called a national mental health promotion plan - this could be in small print but there is a concern it will link with mental illness. Need for debate and new approach
- Do we want to write a glossy plan to meet a deliverable, or do we want an approach that will have a longer impact on mental health of society? A plan is needed, but approach should be debated
- The NMHPP needs to take an overarching approach that brings all of the disparate groups and activities together with a unified voice and focus
- Need a focus around the long and enduring mental health issues, which links with awareness and understanding
- Proofing of all policies for mental health and wellbeing
- Build on the guidance and recommended 8 priority areas identified by the International Union for Health Promotion and Education
- Set out the 'criteria for actions' under the NMHPP. The plan cannot be expected to delve into all of the areas and all of the detail but as a national plan, it must set out how and why actions under the umbrella of mental health promotion are assessed and decided upon
- May be a need for new branding and language
- Focus on the small things, small initiatives
- The NMHPP should take a whole of government and whole of society approach – intersectoral
- How can the actions in this plan be seen as supporting existing strategies and policies
- Make it COVID relevant – what is our mental health promotion strategy during constrained public and social circumstances (don't send conflicting messages)

- Go to where people congregate and promote early interventions and information at these locations - i.e. children's clubs, social welfare offices etc. Bring messages to these locations and tailor how messages are delivered to audience – different media outlets for different groups
- The NMHPP must be focused on actions/areas that can make tangible benefits to people in their daily lives
- We need policy initiatives to address the impacts of COVID-19 – i.e. such as the 'right to disconnect' and this must be more than just communication
- Should link in with DPER's Wellbeing Framework (part of the PfG)
- Plan should take a settings based approach and a comprehensive look at workplaces, schools etc

Priority Groups
- Plan should focus on the young, frail and elderly population cohorts. Targeting the young, targets the parents as well.
- Any campaign should target those people/groups that need support most
- Focus on the disadvantaged groups
- Plan should focus on early years – wealth of evidence of the need to support children and adults
- Take a settings based approach and have actions specific to priority groups. Important that the plan calls out specific actions aligned to each group
- Essential that there is a set of specific actions aligned to groups that are socially excluded within society
- The plan should take a settings based approach which will focus on local and community initiatives
- Tackle unemployment – this is known to impact on mental health
- Older people are often the forgotten group when it comes to mental health promotion
- Very important to speak to groups who work with vulnerable or priority groups – hear their voices and needs
- Focus on women's mental health campaigns
- Ensure mental health promotion is youth friendly – consider how to make these authentically youth focused and align with how the younger population think and behave
- Consider appropriate young age groups and align messaging to what is impacting them during their growth stages
- Need a clever programme to connect with each group – through for example programmes in schools and other initiatives
- Over 1 million parents in the country – their mental health is very important, and we know that many parents suffer from mental health issues
- Work in underway on the successor to 'Better Outcomes, Better Futures' and is likely to include a focus on wellbeing
- There is work underway on an Outcomes Framework for children and young people and the NMHPP should link in with this work

Resourcing
- Who is going to drive and be the catalyst for changing things
- Do baselining of where people are now in their mental health and measure during and after implementation of this mental health promotion plan
- The NMHPP will need a national implementation plan and team to maintain oversight and evaluate implementation
- Set up fund to support local organisations to do local initiatives that are evidence based and known to improve mental health – and these must align with the needs of local communities

Supports & Services

- Children have experienced a lot of negative consequences as a result of COVID-19. There is a need to work on and provide supports to address this around areas such as resilience
- People prefer honestly – some degree of us accepting a baseline and encouraging peoples' sense of themselves and to take care of themselves (may not be a popular approach but we cannot have a service for everything)
- There is an element of 'tough love' here – and not conveying to people that they need a service for everything and that there is a service for everything
- Home Visiting support to mums with young children – a trained visitor (often a peer) following a programme (evidence based approach) helping parents build social and supports skills in the early year. This helps mother and chid

4. **How can we support all Government Departments, Agencies and NGOs to understand the value of, and to action mental health promotion?**

- There was general agreement that this is and should be an all of government and all of society responsibility
- Engage with other Departments as an employer and also as a public face (for their area)
- There is a need for greater training of officials across the Departments, so they have a greater awareness and understanding of mental health promotion and their department's role in this
- Get into code of conduct for governments and state bodies
- About getting the messaging right
- This mental health promotion needs the support and buy-in from the Taoiseach's office
- Must look at and focus on the social determinants of health, look at social inclusion and include everyone. Plan needs to be a long term plan to really tackle some of the known social issues impacting on mental health – i.e. getting on social ladder, having a MABS service for all etc
- Practice supports are really important, and this is an all of government approach and a need to bring all the relevant supports together in an integrated way
- When we say 'mind your mental health' – what do we mean by this and what does it mean to each Department, agency and NGO?
- We need to build evidence and support other departments so they connect with, can see the importance of mental health and then engage in mental health promotion priorities
- Proposal that there should be a series of workshops across Departments to engage with and outline connections with mental health and mental health promotion. We don't need it to be every Department, we need to work with a number of key departments
- The UK, a few years ago appointed a Senior Adviser to help with taking a cross government approach to mental health promotion – connect this with PfG plans to introduce a health and wellness indicator
- Key here is to find a way to mainstream mental health promotion into departments without it becoming a tick box exercise
- Other departments can link with key initiatives – i.e. Department of Arts – viewing and promoting murals– make people feel better, helps their mental health
- Need Dept. of An Taoiseach to support this by establishing a Senior Officials Group to set out details of plan and oversee its implementation. Then needs to be part of each departments' programmes and their estimates plan and bidding
- Healthy Ireland has already developed strong relationships with key departments and can build on this
- Focus on the everyday things that people do and look to connect departments accordingly
- Focus on key partnerships and build connecting supports across all key departments - do all departments need to be involved? Departments likely to engage at different levels

- Schools and doing things through the Education system cannot be the answer to everything
- Support people on what they can and should do (i.e. rather than cannot do due to COVID-19). Use the well-recognised voices of public health to convey positive messaging around this
- There is a key leadership role required here to bring together initiatives and highlight and promote best practice
- Plan should be jargon free and we should make it as clear and as easy as possible and address what does it mean and look like for each department and agency

5. **What should the future vision of mental health promotion be in Ireland?**
- People are happier – feeling less anxious about people saying I am feeling better now and look after my mental wellbeing
- People are open to and honest about talking about psychosis
- Successful programmes are supported at each life stage, and these have been funded
- Better language around mental health and people understand how to 'stay well'
- The social determinants of health have been and continue to be addressed
- There is a better understanding across society of mental distress and mental illness and the mudding of the water is gone – i.e. someone feeling a little down, understands what is happening and that this can be a normal state and you do not have a mental illness
- People feel better about themselves and 'happiness' factor across society has improved
- Ireland has displaced Denmark on the happiness and wellbeing index
- Mental and physical health have equal weighting across services and society
- Lower suicide rates
- Better feel good factors – people are reporting they are feeling better
- Population that knows there are resources to help them keep 'mentally fit'
- A number of cross governmental initiatives have been implemented – i.e. green spaces with infrastructure and information
- On a survey baseline, people have improved their mental health and wellbeing metrics
- Improved overall levels of mental health and wellbeing
- From a policy perspective we are now spending more on mental health promotion and this is having an impact on a reduction on mental health services /interventions
- There is an increased number of people involved in activities – i.e. community group engagements etc
- People are more comfortable talking about mental health and are more aware of the prevention and protective factors that improve mental health and wellbeing
- DPER wellbeing framework has shown improvements in relevant metrics

6. **What would you identify as the one priority outcome to be delivered by the NMHPP?**
- Cohort of people who understand that to be mentally well is within their own control (i.e. in the same way that many now understand that their physical fitness is within their control)
- As an all of government approach, everyone has properly embedded mental health promotion into their work and other place settings
- There is greater societal understanding of the differences between having a mental distress versus having a severe enduring mental illness. Services and messaging are being relayed accordingly
- Taking focus off the 'gloom and doom' of mental health – this plan has addressed the sigma of mental health
- Children's and young people's awareness of and understanding of positive mental health

7. Other comments related to the development of the NMHPP?

- Mental health is about living a healthy lifestyle
- There is a lag between mental health promotion and seeing the societal benefits and this should be factored into plan
- Why two plans – one HSE and another DoH – will these work together, will they just cause confusion. Really important they align and are part of a single approach to a National plan
- Need to be really careful that we do not give mixed messages between Departments and the Department of Health – focus on the positive stuff
- Focus on the social determinants of health
- What are the best indicators to determine the success of a good mental health promotion plan
- Monitoring implementation and measuring impacts during the lifetime of the plan is essential
- The NMHPP should be gender proofed and targeted at all gender types

Appendix 3 - Mental Health Group workshop

National Mental Health Promotion Plan (NMHPP) Development

Stakeholder Engagement – Feedback on Open Stakeholder Engagement

Mental Health Group   **November 2021**

A focus group was held with the representatives from the following key organisations:

1. Mental Health Ireland – Catherine Brogan, Deputy CEO
2. Bodywhys – Jacinta Hastings, CEO & Barry Murphy, Research Officer
3. Merchants Quay Ireland – Paula Byrne, CEO
4. Family Carers Ireland - Anna De Siún
5. Alone – Seán Moynihan, CEO
6. Solas – Ivica Milicevic, Manager
7. Pieta - Denise Cronin, Director
8. Shine - Nicola Byrne, CEO
9. Mental Health Reform – Audry Deane, Research & Policy (consultancy)

the following organisations were invited but were unavailable to join the workshop

10. Jigsaw – Siobhan McGrory (JN held a 1 on 1 session with SMcC & her input is combined here)
11. Spunout
12. Samaritans
13. Mens Sheds Association of Ireland
14. Belong To
15. Alzheimer Society of Ireland
16. Grow Ireland

Biddy O'Neill, Healthy Ireland joined the workshop at the start, welcomed all attendees and did an introduction to the development of the NMHPP. She introduced Alpha who are conducting the stakeholder engagement, thanked the participants and then left the workshop.

Summary Comments from these open Discussions

1. **Are there examples of good practice, Nationally & Internationally that should be considered to inform the development of the NMHPP?**
- There is a strong evidence base for mental health promotion nationally and internationally and a lot of programmes and initiatives going on. Need a national strategy to bring all these together

2. **What are the top challenges and opportunities to developing an NMHPP?**
Challenges
- How integrated is this plan going to be across all of the health and social care services and then voluntary and other sectors and what value is this NMHPP going to add
- How to reflect the complexity of what people experience from time to time and address these
- How do you evaluate the NMHPP campaign
- yourmentalhealth.ie is not a very helpful website – not user friendly, lot of irrelevant information
- Plan will need to be cross sectoral and link to all of the existing strategies and policies
- What does workplace mental health promotion mean and how do you integrate this into a national plan and policy

- Policy proofing for mental health is a real challenge – how do we focus upstream on promotion
- Getting the right information to the right people at the right time – information needs to be clear and simple for people to understand and people need to engage
- Given the current COVID situation, HSE resources and the health and social care professionals involved in health promotion are at the brink
- So much information is now through social media but not all people have access to and use these channels
- You need to know your audience and tailor messaging accordingly
- Stigma can still prevent people from connecting
- Disjointed approach to mental health promotion. Programmes and initiatives are not joined up and partnering and collaboration could be better
- The effectiveness of mental health promotion is very hard to measure – how do we measure impacts and outcomes

Opportunities
- The need for a NMHPP existed well before the pandemic, COVID-19 has brought a renewed need and priority to it
- Linking physical and mental health – both ways
- The voluntary and NGO sectors are there, willing and able to help and can play a key role – but its knowing what the messaging is and having clarity around that
- Focus on mental health promotions and not interventions
- Integrate mental health into mainstream health and social care services and planning
- Get all of the useful and relevant information on mental health and mental health promotion together in a combined document for sharing
- Cross agency approach
- The NMHPP is a great opportunity to provide a blueprint to help align and integrate mental health promotion plans and initiatives
- Most resources going into downstream work on treating mental health – this is opportunity to readdress this and fund and focus on upstream promotion and prevention activities
- NMHPP should focus on the wider social determinants of health

3. **What are the top priority actions that should be included in the NMHPP?**

Approach & Initiatives
- Reference made to the International Union for Health Promotion and Education (IUPE) who have already set out, very clearly 8 priority areas for mental health promotion.
- The HSE has already developed a mental health promotion plan. There were strong voices calling out for the NMHPP to take an integrated approach and that the HSE plan aligns with it and that there is one overall plan
- How can we make the NMHPP whole of government and make sure it happens
- Tackle loneliness
- Look at education system – where does resilience and life skills get promoted and developed
- We should map what is already out there and current promotional activities – a lot going on in the community and other areas. The NMHPP should help integrate all these and ensure they align with national approach. Do not reinvent the wheel!
- We should consider a cross sectoral approach and better coordination across schools. There is already a mental health and wellness policy in schools
- Consider environmental factors and link this to mental health

- We need to take mental health promotion to the next level by building on what is already there – there are too many different plans and approaches
- Need to consider individuals, communities and structural barriers – these are the three key pieces for promotion of mental health
- Go from grass roots up rather than tops down. Some of these are not labelled as 'mental health promotion programme' i.e. promote community initiatives such as Mens Sheds
- Plan should look at setting the standard for where mental health is positioned in society

Awareness & Understanding
- Need to be clear in the language and messages we wish to promote around mental health
- Promote mental health literacy through appropriate channels
- Language throughout the plan needs to be reflective of a strengths based approach and be careful that language is not discriminatory and doesn't inadvertently enhance stigma
- Be cautious around the language we use around mental health promotion
- Work to make supports the norm – i.e. people in the future would view counselling more in a positive, helpful light, rather than as a stigma, as is the current situation
- Enhance people's understanding and ability to access and use resources - verify source of information
- Mental health and physical health are inextricably linked – need clear language and awareness of this
- Look at language and make sure it is helpful
- Education is key -build up awareness and understanding of life skills and self-care - don't reinvent the wheel – there are loads of existing programmes – integration of these was again raised
- Limited community understanding of mental health promotion – people immediately think of mental health illness

Policy
- This is a national plan and should take an all of government approach. It needs to be high level and should set a direction of travel for mental health promotion nationally. Set out
  - broad goals of mental health promotion
  - principles underpinning these
  - promote partnership and collaboration and
  - cross departmental approach
- Plan should be at high enough level to give direction and principles and then individual organisations and groups should develop a series of implementation plans (for mental health promotion) that align with these
- Call out the connections and linkages with what is there already. HSE plan must integrate with the NMHPP

Priority Groups
- Mental health promotion should focus on individual, family and friends and not just broader community and organisations
- We will need different levels of actions depending on who we are targeting with the mental health promotion
- Remember the voice of the family
- Consider the voice of young people, older people and people living in disadvantaged areas. Plan should stay at high level and not come down to specific priority groups

Resourcing
- Leadership – we need someone with a good public profile to front this up – someone people can relate to and connect – this is likely to be a communications gig to start with

Supports & Services
- The pathways for supports need to be clear and appropriate
- Can we have a 'toolkit' that people can use to look after their mental health
- Planning to bring in the 'Thrive' initiative to Ireland – like the 'London Thrive' where whole community comes together – LCDC, Guards, etc to promote mental health of the community

4. **How can we support all Government Departments, Agencies and NGOs to understand the value of, and to action mental health promotion?**
- There is a need to educate all departments, so they understand about mental health and what we mean by mental health promotion
- Connecting for Life was cited as a good example of an interdepartmental group working together on a key, all of society area – the education piece was important in helping departments understand and see their role in suicide prevention
- Departments need to be educated, informed and better understand mental health promotion if we are to expect them all to engage
- Look at policies and strategies and check how they align with and impact on mental health promotion

5. **What should the future vision of mental health promotion be in Ireland?**
- Mental health awareness is embedded across society and people want and get support as needed
- No longer any stigma around mental health
- Communities understand the things that impact on people's mental health, and they are empowered to take actions to improve people's mental health
- No division between our physical and mental wellbeing – we just talk about our 'wellbeing'
- Ireland and communities score highly on our quality of life metrics
- We are all happier and we have thriving and connected communities that support mental health
- We have addressed loneliness and environmental factors impacting on our lives
- We no longer need a mental health promotion plan!
- Universal understanding of mental health promotion and individual understanding that we all need strategies to have good mental health
- All of society understands importance of and acceptance of mental health
- We have been able to clearly identify outcomes:
  - o less people experiencing mental health difficulties
  - o less people in complex mental health cases
  - o much more collaboration and partnering of organisations to promote mental health
  - o mental health promotion is embedded in every department and structure

6. **Other comments related to the development of the NMHPP?**
- Query – are the Heads of Wellbeing in HSE – Heads of Physical and Mental health Wellbeing or what - why are we continuing to separate the two
- Concern around the word 'promotion' – do we have to call it this? can we find other more appropriate language

- There is a lack of an all-Ireland approach to mental health promotion and the linkages of physical or other activities that give a sense of purpose and better mental wellbeing
- So many different requests every week for mental health supports – currently lacking an all of Ireland, national approach
- Leadership – seems to be a lack of structure and someone /organisation pulling it all together at the 'centre'.
- Accessibility is a big challenge – people need capacity to get to services and supports they need. There are different accessibility issues for different groups, and we need to understand these and address
- There is a need for **engagement and coproduction** amongst the various different groups – talk to people, ask them what they want and need and design promotion, materials and supports accordingly
- Mental health was previously not spoken about publicly and now we have an oversaturation of messaging in this area – need greater balance
- There needs to be a balance to the messaging that helps destigmatise mental health whilst at the same time giving clear information
- It is important to understand the social process that is needed to support mental health promotion

Opportunities
- COVID-19 has highlighted awareness of and the importance of mental health
- Do not focus so much on mental health promotion, focus on doing things we know help people's mental health
- Develop initiatives that are linked to broader social regeneration needs
- There is research evidence to show that physical activity helps mental health

3. **What are the top priority actions that should be included in the NMHPP?**

Approach & Initiatives
- Coherence is very important – some participants were not even aware of a separate HSE mental health promotion plan – there is a dizzyingly array of reports, policies and initiatives across the board and it is very hard to make sense of it all – can this national plan do this and
  o make it coherent
  o keep it simple and
  o set out a number of high level priorities
- How do we use physical activity in sport to better support and promote mental health – and this should include structured and non-structured approaches, to cater for all needs

Awareness & Understanding
- Highlight the benefits to people of sports activities, physical activities and other activities such as volunteering and getting involved in the communities - all of these help people feel better and helps their mental health
- There are so many messages – how can we streamline, simplify and promote notion of sport and wellbeing, sport can be a tool to support this
  o key message - **# mindyourself** – this is what we want to promote and help people build their resilience
- Understand your audience, different needs and understand barriers to people minding themselves and tailor messaging accordingly
- Use high profiles of sports bodies to carry key messages on mental health promotion through national campaigns
- Sports groups to work with organisations like Jigsaw, to inform and educate young people about exercise and how it helps both physical and mental wellbeing

Policy
- Use social marketing techniques to target groups by appropriate alignment of language to each group within overall agreed policy framework

Priority Groups
- Cannot be all things to all people – set priorities based on i) geographical areas or ii) populations – need to have a clear approach to setting priorities
- Must cater for all and identify high risk groups – ethnic minority groups likely to have mental health issues
- Consider messaging and language appropriate to each age /population group

Supports & Services
- Consolidation of existing service providers – undertake a mapping of what all of the organisations are doing and use this to move towards a much greater coordination and streamlining of messaging and supports

4. **How can we support all Government Departments, Agencies and NGOs to understand the value of, and to action mental health promotion?**
- Participants understand and see, that this is the role of Healthy Ireland (HI) – they are already doing this with all of the HI programmes and initiatives
- HI should be the group to do this, and they should have the necessary resources, supports and authority to be the group to coordinate the interdepartmental approach
- Cross departmental working on mental health promotion is very important
- Departments are already doing mental health promotion – important that all this work is recognised, understood and coordinated
- Need strong leadership here to connect all departments and give good direction in mental health promotion – what are the structures to do this. We must discuss and set these out clearly – HI is leading out on this, yet we also have a senior official within the Department of Health leading out on Mental health. This all needs to be clarified – it is confusing for those outside

5. **What should the future vision of mental health promotion be in Ireland?**
- People have accessed activities and improved their mental health
- People are informed and have greater awareness of looking after themselves and their mental health
- Mental health is no longer a taboo subject
- A key measure of success would be more engagement at an upstream level, in promotion and prevention with resulting outcome that there is less need for medical interventions and that those who do need interventions can access those services
- There is a more focused approach to mental health promotion and funding of initiatives
- The user is at the centre and supports and services are wrapped around their needs and no cohort or population group is left behind
- Equity across society – improve fairness and equity across all of society in 10 years
- The social determinants of health have been considered and factored into programmes

6. **Other comments related to the development of the NMHPP?**
n/a

Appendix 5 – Education, Employability Group workshop

National Mental Health Promotion Plan (NMHPP) Development

Stakeholder Engagement – Feedback on Open Stakeholder Engagement

Group from Education /Employability <u>**November 2021**</u>

A focus group was held with representatives from the following key organisations:

1. Department of Education - Rita Sexton (Wellbeing Promotion)
2. Department of Education – NEPS Director – Deirdre McHugh
3. Department of Social Protection - Intreo Lead – Rachael Buckley & Declan Doherty
4. Department of Social Protection – Helen McDonald (also on NIMC) (Policy Illness Disability)
5. National Council for Curriculum & Assessment (NCCA) – Annette Honan (Wellbeing Guidance)
6. Union of Students of Ireland (USI) – Somhairle Brennan
7. Department of Further Education and Higher Education, Research, Innovation and Science (DFHERIS) – Siobhan Sleeman

the following organisations were invited but were unavailable to join the workshop

8. Higher Education Authority
9. The Probation Service

Summary Comments from these open Discussions

1. **Are there examples of good practice, Nationally & Internationally that should be considered to inform the development of the NMHPP?**
- Good public media campaigns done by Healthy Ireland – radio and TV.
- Good all of government campaign of 'In this together' earlier this year in response to COVID-19
- Good interagency working in response to COVID – in relation to schools and in advising NPHET
- Mental health carnival initiative launched in Malaysia to promote mental health
- Online promotions can be good for young people but will not reach all groups in society

2. **What are the top challenges and opportunities to developing an NMHPP?**
Challenges
- So many people involved there is a big challenge to align everything and clarify position around services and supports
- The amount of information can be overwhelming – for example the amount of information and messaging that is coming into schools, there is a concern of overcrowding this area. Should all this information be going to schools or elsewhere – such as sporting organisations /environments
- Practitioner professional development around mental health promotion is important – so we are doing the right things – focus on 'do no harm'; teachers need training in this area also
- Space for departments to give mental health training and awareness
- There should be a common terminology and language
- COVID has led to job losses and associated barriers to getting back into the workplace
- There is a lack of awareness of mental health promotion by employers

Opportunities
- Map out everything that is currently going on and ensure it is aligned to this national mental health promotion plan

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- Align messages and invest in networking and supporting interagency conversations

3.   What are the top priority actions that should be included in the NMHPP?

Approach & Initiatives
- Messaging to schools and to parents – set out at high level how this distils down and who has responsibility for what
- Promotion campaigns need to be managed carefully so as not to increase level of the 'worried well' but promote the idea that ' it's okay to be okay' also
- Need to differentiate between normal growing up feelings and sensitivities versus people who are genuinely feeling unwell and have a mental health problem
- Don't think we could do too much promotion given lack of current understanding around mental health and mental wellbeing – messaging needs to be carefully managed

Awareness & Understanding
- Help address the diversity of understanding around mental health and emotional wellbeing – promote a wider understanding of mental health and mental wellbeing
- Address the stigma of mental health in the workplace and increase awareness and understanding of staff and employers in this area (real reluctance for people to openly discuss this in workplace)

Policy
- Differentiate between mental health and mental wellbeing in the curriculum – they are different but tend to get linked and then related to 'mental illness'

Priority Groups
- Address specific problem behaviours amongst specific cohorts around self-harm (at front end – how can supports help prevent/reduce
- Prioritise the voice of all young people – so that we listen to this group, ask about their needs and support accordingly with relevant promotional and awareness information
- The stress that young people are under can lead them down a path – most people are smart enough to understand if they have a genuine problem

Resourcing
- The NMHPP needs funding and to be appropriately resourced

Supports & Services
- Clarity as to who provides what services and supports and who does what – a lot of confusion currently

4.   How can we support all Government Departments, Agencies and NGOs to understand the value of, and to action mental health promotion?
- All agree with the aim of this
- Suggest 'leading from the middle', form alliances.
- COVID-19 has helped more collaborative working together – this takes time and plan should build on this
- The whole of government approach is essential for this plan as it involves all departments and people will come in and out of services during their life course, connecting with different departments

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- Mental health is a whole of society problem and society is changing so quickly, we need to keep pace with these changing needs
- We also do need the formal top down structures to give this plan the clout of an all of government policy and approach
- It is important not to leave anyone behind

5. **What should the future vision of mental health promotion be in Ireland?**

- People have the personal capacity to look after their mental wellbeing and feel and know that the supports are there for them if they need them
- There is a greater awareness of mental health and wellbeing
- People are more active, they are engaged in their communities and focused on their wellbeing and physical health
- Society has a better understanding and perception of what mental health and wellbeing is about and that it is normal to have an understanding of this -there is no stigma to talking about mental health
- Call out indicators of wellbeing – like the NCCA indicators they have come up with for schools, built up from other jurisdictions (these could be reframed for the NMHPP):
    o Active participants
    o Active in communities
    o Responsible – taking responsibility for taking healthy choices
    o Connectiveness
    o Resilience
    o Respect – knowing and feeling respect and showing respect for others
    o Awareness
- Mental health is now more tangible, understood and there is a greater awareness and understanding

6. **Other comments related to the development of the NMHPP?**

n/a

Appendix 6 – Connecting for Life Group workshop

National Mental Health Promotion Plan (NMHPP) Development

Stakeholder Engagement – Feedback on Open Stakeholder Engagement

Connecting for Life (CFL) Group   **December 2021**

Alpha joined a meeting of the Connecting for Life, interdepartmental group and held a workshop session with them on the 09th of December, for the CFL group to input to the national mental health promotion plan.

Summary Comments from these open Discussions

1. What are the top challenges and opportunities to developing an NMHPP?
Challenges
- COVID has not gone away, and it continues to create a lot of uncertainty – it has highlighted the importance of face to face contacts
- There is a certain exhaustion from the continuous discussion on wellbeing (during pandemic) – important to emphasise that 'it's okay to be okay'
- How best to communicate to people how important it is to look after their mental health
- There are a lot of supports and organisations, and important that we are not duplicating efforts. There is a need to look at and ensure all of these efforts are integrated
- Plan may be looking for quick wins, but mental health promotion will take time to deliver
- Care needs to be taken that the development of an all-encompassing national mental health promotion plan doesn't unintentionally undermine other mental health promotion work
- Should not underestimate the challenge of mental health promotion and we should ensure the culture of stakeholder engagement is adopted

Opportunities
- The pandemic has highlighted the importance of mental health and wellbeing
- COVID has forced, and helped develop new ideas and new approaches which can be built upon
- Various departments can take on different roles and work together to support this plan

2. What are the top priority actions that should be included in the NMHPP?

Approach & Initiatives
- Mental health and mental health promotion needs to be part of a public health response
- Co-ordinate what is happening around the country in relation to mental health promotion
- We should focus on social connections and focus on reduction of isolation
- Bring things to a local level, low tech solutions can be best (high level promotion could be detrimental to a lot of the small things)
- The national plan approach should not undermine current promotional work going on in the areas of drugs and alcohol – suggested for example having a workplace pyramid of information for all staff where people can go and get self-help information etc and this is done across departments
- There is a large amount of mental health high level data -e.g. CSO etc – agree prioritisation of the hierarchy of this data to help in identifying the key data sources and setting priorities in this plan

- Plan should focus on the wider determinants of health
- There is a lot already happening and available around mental health promotion and plans and this national plan needs to consider all of this and somehow ensure that all of these initiatives are integrated and align with agreed national policy approach
- Use individual stories to develop messaging and focus on society joining into the mental health promotion rather than coming at it from a health perspective
- Good physical health leads to good mental health – maybe without people realising it
- Aim to keep this complex subject simple
- Develop a toolkit to support people in minding their mental health

Awareness & Understanding
- Consider how to promote mental health (at a level 2) – promoting self-action and self help
- Must address the stigma that still exists with mental health
- Clearly define what mental health promotion is so that people don't put the focus on Mental Health (illness)
- Promote CHIME - Connection, Hope, Identity, Meaning and purpose in life and Empowerment
- Can we use a social mental health assessment, a genuine approach in a non-tick box way

Policy
- Important that mental health promotion should be seen in the context of a public mental health promotion response and involve communities and individuals all aligned through a public health lens
- There needs to be clear alignment to the other existing policies and strategies
- Need to set out clear underpinning principles driving the national mental health promotion plan
- Don't reinvent the wheel. HSE mental health promotion plan almost completed. Include / reflect and build on this

Priority Groups
- Work with society, communities, family / friends and individuals

Resourcing
- If plan is to be effectively sold to the public, we need a public face of the promotion campaign – a well-known sports personality or other such publicly well know & trusted personality who can sell the key messages to the public young and old
- Funding and resources are required to translate the strategy into reality and practice

3. **How can we support all Government Departments, Agencies and NGOs to understand the value of, and to action mental health promotion?**
- A cross sectoral approach means that you have representatives from each department with distinct responsibilities for the implementation of the plan, within their department. This ensures there are clear contacts within each department
- Having an appropriate governance structure reporting into high level officials is key
- Key stakeholders should be involved in the detailed development of the implementation plan
- Articulate reasons why each department needs to communicate and prioritise mental health promotion across all departments
- Seek to co-ordinate different agencies and their efforts around mental health promotion – different agencies and groups all trying to promote mental health in isolation, resulting in duplication. Better and more cost efficient if all working together

- Try to build on what has been done already rather than build from new
- Develop a cross sectoral, clear understanding of what mental health promotion is. Then we can communicate consistent messages and languages. Know what we want to achieve which will help focus on a few key areas in a strategy (it's a first), be aspirational but realistic
- Highlight the value and benefit for stakeholders...this will require some smart thinking
- Very extensive range of partners involved – requires a degree of confidence and clear visibility on the overarching structures and of the journey so all can be comfortable with where it is leading to
- This also needs a well-resourced, dedicated multi-disciplinary team to coordinate. A lot of the NOSP resource is spent building relationships, engaging and seeing connections with existing initiatives
- Alignment and coordination needed of mental health supports to avoid duplication and watering down of services. Also interdepartmental/stakeholders awareness raising regarding existing policies and strategies and clarity and agreement in relation to roles and responsibilities. Huge amount already done and available in relation to wellbeing and mental health - joined up thinking needed as to how this can be mapped and communicated.

Appendix 7: Extract from Survey Results

Priority Action Area: Approach & Initiatives

Priority Actions	Why is this a Priority?
CBT skills delivered to young people in Transition Year	Giving all young people the tools to challenge negative though patters and a safe space to realise that other young people have shared concerns .Understanding the negative impact stress can have on the body.
more workplace initiatives	easier to access that support in workplace
Healthy living	Healthy in body healthy in mind
Address loneliness at a community level	Loneliness can impact anyone at any time and communities are well-positioned to support their own with proper guidance
Build greater resilience at population level	To improve mental health of the national as a whole
Co-produce creative Mental Health Promotion (MHP) programmes and initiatives informed by best practice in MHP	Models of best practice should be shared to offer opportunities for rollout and adoption across the country
Collaborative approach	Patients, professionals and families need to adopt a collaborative approach to care planning.
Inspire communities and insure there are resource centres open with available supports from cradle to grave	For services to be at the heart of communities
Try a new skill/interest	Keep busy, help others, connect
Developing a trauma informed approach in services	Evidence of increasing resilience and strengths
Positive Mental Health initiatives delivered at primary school level as a fundamental part of the curriculum and teachers trained in same	The positive impacts of for example mindfulness, yoga, positive thinking etc will stay with children through to adulthood
The plan should be marketed in a targeted way that resonates with all sections of society	To really emphasise that anyone can experience a challenge to their mental health
mental illness and physical health - the links both ways	again, this focusses on both causes and symptoms
Social Prescribing	Social determinants of health and increased community connections
Challenge fatalism in terms of mental health promotion for people with chronic mental illness	There is a misconception that mental health promotion is not of value to people with chronic and/or severe mental illness, people with schizophrenia are othered within mental health policy

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Priority Action Area: Approach & Initiatives (Comments)

- "In terms of mental health promotion training, there should be a streamlined approach to access trainings that runs across the country. For example with dealing with young people, workers should have a mandatory training list (rather than participating in ad-hoc training that may have been created by private companies which has a cost) There is a wealth of mental health promotion training available which is funded by HSE and delivered by excellent organisations. this needs to be discussed and address .In relation to trainings, there should be a holistic approach taken by training providers to identify gaps rather than each training providers developing their own targeting the same audience. This confuses the audience and there may be different messages being given through each training. "
- "Get involved in something in your community - give back or try a new venture. Contact the volunteer bureau and give of your time/self for others. Options are endless and most cost nothing"
- Where something is most spoken of its usually most absent
- Equipping people with the tools and skills to manage their own mental health , as well as providing support, and making more residential places available for people with acute mental health illness.

NOTES: All text and comments in the survey extracts have been copied ad verbatim from survey data

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Priority Action Area: Awareness & Understanding

Priority Actions	Why is this a Priority?
Removing stigma around all types of mental health conditions	To encourage people to seek support when they need and to know they will be met with understanding when they do
Emotional Skills and resilience in Kids	The earlier they understand and learn how to manage the emotions, the better
Improve nation's understanding of and attitude to mental health and wellbeing, including stigma reduction	To align with Goal 1 of Connecting for Life
Promote services to people in educational settings, workplaces, the home, primary care, and the community.	Utilise existing links with those engaged in services and the community
People need to feel valued - not an economic number	Without human nature - what ate we as a race?
Hopefully this will lead onto reducing stigma prejudice and discrimination	To once again normalise and end discrimination
Personal responsibility	People would benefit by giving commitment to services, wellness.
Promote the message that it's ok to seek help & help is available	We are all guilty of giving good advice but often not great at taking it. The stigma of accessing support needs to be seen as a strength not a weakness. Noone would think it is weak to get help if they were physically unwell but the same is often not true re mental health.
Societal changes	Society needs to support mental health
promote self-help re tacking stress and worry	many supports can prevent symptoms becoming illness
improved signposting	provide clarity on correct direction and pathway to take
Opening up discussion of mental health issues to "normalise" the debate	too many health issues swept under the carpet
Education on lesser-known mental health conditions such as OCD	Because there is a dearth of understanding of the impact of such conditions on the lives of people
Contribute to knowledge base in Mental Health Promotion. Disseminate best practice learnings with relevant stakeholders .	International experience and models can inform national and local provision
Peer messaging & health promotion initiatives	Use young people to promote MH to young people, parents to parents, Travellers to Travellers etc as the message is more powerful
explain that mental health issues are not unchangeable	You are not doomed to stay under the tyranny of a mental health diagnosis, you can emerge from under the shadow
Highlight high-risk factors - alcohol, drugs, violence	knowing what to do to avoid high risk factors can save lives
Increased awareness of the importance of sleep and the outdoors	For a holistic approach
More regular mental health programs on TV at optimum time slots	Reaches a large audience
Destigmatizing mental health issues	So that people will seek help sooner and issue may be not be resolved before becoming serious

Priority Action Area: Awareness & Understanding (Comments)

- The Mental Health Promotion Plan should take the opportunity to seek to remove stigma around mental health conditions and illnesses, to encourage workplaces to recognise and support colleagues who may be experiencing difficulties with their mental health e.g how to have a conversation, signs to look out for etc. Any TV or social media campaign to promote mental health should emphasise that anyone can face challenges to their mental wellbeing- this could be the result of a traumatic event or even not have an obvious cause at all. There also needs to be positive messages around recovery and maintaining good mental health. Understandably, there is often a focus on the "crisis" situations, but a wider awareness is needed of both problems and solutions.
- Moving more of this online empowers people to know more quickly what might be going on for a loved one, where to go to be assessed or get more info, and in the interim what to avoid/change to reduce the risk of deterioration. It can also aid the process of community discussion about the local response to issues of mental health that effect members of the community

Priority Action Area: Policy

Priority Actions	Why is this a Priority?
Action on Bullying	Bullying is still identified as a major issue for young people and for all the anti-bullying policies in place in school and work settings has not gone away.
Regulation of Social Media	The impact and influence this has on all age groups
Work-life balance (4 day working week)	Since Covid and restrictions have been put in place, I think majority of people have enjoyed working from home (when children went back to school) as it made them realise the importance of work life balance. I think going forward this is something the policy should include, and Governments should be strong on is giving the working population the choice of the work from home option or perhaps introduce the 4 day working week….
Alcohol and drug culture among young people	Impact of alcohol and chronic cannabis use on mental health
Mental health to be treated like any other illness	Reduction of fear and stigma
Create the conditions for mental health through integrated policy	Poverty, environmental and social factors are the most profound determinant of mental ill health - if we ignore this, we rob ourselves of the opportunity to build mental health at population level
Outline clearly how to actualise the policy, fund it and measure it	So it won't suffer from policy implementation deficit
Social Media	Bullying and suicide
Improve systems for the early identification of mental health difficulties among children and parents (through for example parenting support programmes) and provide access / sign-posting to mental health supports.	Evidence that first few years of life is associated with better long-term mental health outcomes and evidence of the impact of parental mental health difficulties on children's mental health.
A Hub should be developed for Mental Health Promotion at national level	It should be easy for anyone, regardless of their location, to access information and be signposted to supports
Moving away from the sickness model	More focus on the wellness model
Use evidence to design and deliver what works, where evidence is missing, seek it!	There is a lot of practice not based in evidence and a lack of clarity on effectiveness
Tablets should be a last resort and not a first	Too quickly people are often put on a conveyer belt of meds, one leading to another and so on, creating a game without end
Domestic abuse	Trauma / Suicide
Implementation of Public Sector Equality and Human Rights Duty across mental health services	This is a legal obligation
The last two years show how little mental health is actually prioritised	Where was this concern 20 months ago when everything kicked off? One might be forgiven for thinking that the same experts telling others to mind their mental health, were hiding under the duvet for nearly 20 years! Get real.

Priority Action Area: Policy (Comments)

- There is also a need to ensure that there are actions to promote mental health targeting Travellers, Roma, and migrant communities

Priority Action Area: Priority Groups

Priority Actions	Why is this a Priority?
Support and improve the MH of our disadvantaged and marginalized groups	These groups experience some of the poorest MH & WB scores in Ireland. We need to work on closing the inequalities gap.
Reduce inequalities in the occurrence of mental ill-health	Without a strategic commitment, there will be no specific actions or resources to address this
Ethnic equality monitoring across mental health services	Evidence-based policy making; to identify gaps in services and target areas with the most need. This is existing government policy and aligns with Sláintecare, including population health profiling.
Parent and child groups/programmes	Childhood trauma and early attachment issues contribute to our high illness rates
services for young people	not enough community based services for young people
Engagement of men, and middle aged men in particular	Changing societal views and self-image of men will have a generational impact
Targeting priority/ vulnerable groups in bespoke, accessible, trauma informed ways.	Mental health is significantly impacted by very individualised factors, experiences, situations, societal vulnerabilities, cultural values etc. The mental health promotion plan must consider and adapt its content, messaging, structure, accessibility etc. to reflect this.
Emotional Skills and resilience in Youth	The earlier they understand and learn how to manage the emotions, the better
Targeted measures/initiatives for marginalised groups, including Travellers and Roma	Travellers and Roma are identified as priority groups in existing mental health policy and clear evidence base points to the disproportionate rates of poor mental health, suicide and self-harm. Mainstream measures are only appropriate when the outcomes are equal and therefore there is a need for additional targeted measures to ensure equity of access, participation and outcomes.
Focus on priority groups, including those experiencing mental health difficulties	The focus must be adapted to be more inclusive of these groups as they are highly vulnerable
Improving the sense of belonging and connectedness among our older adults.	Our suicide rates in recent years have seen a spike in the 65+ range and addressing loneliness in this population will support
Focus on transitions (to preschool, to primary level, to second level, to 3rd level)	Transitions can be stressful time for children and families
Listen to those people living with mental health issues	Recipients of the services provided should be a large voice in how the service needs to develop and improve
LGBT	Discrimination/ Suicide
Targeted appropriate interventions for Young persons 35 -24 and 24 - 18 and then U 18's	Number presenting with various mental health issues since COVID has just grown immensely , With social anxiety , Isolation and consequential impacts significant, Growth of eating disorders
Social Skills in Kids	The social skills are important to interact with the society and the environment
Young people - give them a voice, what is important to them	Our future they must have an input
life skills starting in primary school & up to older people: age appropriate mental health nutrition and financial skills	there is such an established link between nutrition and mental. As a community worker we see a big link between anxiety and stress and financial worries

Priority Action Area: Priority Groups (Comments)

- Do whats right, not whats popular!
- "- Actions should be grounded within a social determinants approach to health as per Healthy Ireland, Sláintecare, etc. -Need for institutional mechanisms to drive implementation as without this, implementing actions will remain a challenge as evidenced in a number of policies. - Need for targeted actions for Travellers and Roma to address mental health inequalities as per existing mental health policy, NTRIS, intercultural health strategy, etc. -Need for intersectional approach to actions taking into consideration the needs within specific cohorts and identity groups in both Traveller and Roma communities, particularly (women, children, LGBTQI+ and disability)."

Priority Action Area: Resourcing

Priority Actions	Why is this a Priority?
Workforce planning	Services are being curtailed due to a lack of personnel.
More resources which are easily /quickly accessed	improve numbers accessing services if it quicker and accessible
promotion of resources for mental health to same levels as other health issues	mental health services are currently under-resourced
Fill all the staff vacancies across the Mental Health sector	Access and delivery of professional support is key in this area
Investment in employing and training MH nurses	To enable MH services to be expanded
Provide more staff to work in mental health	humans need to help other humans to connect
working in partnership	to have the broader approach & use expertise
Training for line managers and supervisors in the workplace	Employers need to support their managers to engage positively with colleagues who share information about their condition or illness
Increase the financial support NGOs working in this field	Organisations like Jigsaw, Pieta House and Aware are providing vital what should be additional support
Development of Clinical Nurse Specialist and Advanced Nurse Practitioners	To enable services to be expanded and made more accessible
Community based supports	Promoting positive mental health behaviours and resilience can have a major preventative impact.
More resources/activities for older adults	The need for more rural work and to support those older populations who may not have close family members around etc.
Funding for Counselling Psychotherapists in community led organisations	This can be complementary to existing HSE services but can also "hold" people while they are on waiting lists for HSE services
Ensure Professionals have good skills in dealing with mental health issues	Professional that are not empathetic or supportive are worse that a bystander
every professional takes responsibility for the person they are with	Passing people on to other departments or services only reenforces the problem
improved education and training for GP's and practice nurses	Provision of better support and provision of direction
Investing in community MH services	Better services & increased resources are required
Culturally relevant mental health wellbeing supports	People need to feel seen and understood, including cultural nuances, when promoting positive mental health
Full organograms/algorithms re local services	allow people quickly identify where to seek help
Public funding for mental health should be ring fenced - CEOs should not be allowed to underspend	The service is underfunded as it is, and this cannot be allowed to continue

Priority Action Area: Supports & Services

Priority Actions	Why is this a Priority?
Access to public mental health services	it is difficult to access services in a timely manner
Information and Access to services	People need to be aware of what is available and how they can engage
Access to services	Basic need
Free st point of delivery	to be inclusive
more mental health assessments available	more help could be available with diagnoses
greater access at a local level to services such as Primary Care teams	So anyone in difficulty can easily access a service, normalise it like going for physio
Wrap around services for mental health and addiction	They are so often linked and having to attend separate services is often detrimental.
Weekend and out-of-hours access to certain services	This is often when crisis occurs
Alcohol related harm	Given financial, physical, mental and social costs
Clear paths to treatment	Because accessing services is often cited as a problem.
Addiction and Mental Health	Leads to Homelessness and crime
Improve access to mental health professionals	When those with mental health problems ask for help it has often taken them time and courage to get to that point. At that stage its urgent, there should be little or no waiting lists.
CAMHS	Service is not fit for purpose and not meeting needs.
Out of hours services	This is crucial in high level mental health episodes such as suicide/attempted suicide
24 hour mental health support service available	there is no place only a and e at moment which is not suited
Social prescribing	Again, it addresses early indicators when mental health has become an issue, using social settings. It is cost effective.
Provision of local services	Easy and quick access to services is essential and best provided locally
A streamlined healthcare system with suitable supports	When people are trying to access supports they can face a bureaucratic system that cant help them because they don't fit into the right box.
To ensure early assessment is available and then appropriate therapies are available	So everybody receives treatment they need to stop treatable concerns becoming chronic.
In community services	reduce stigma, more access
cams service more available	waiting list for months with cams
Investing in acute MH services	Better services & greater resources are required
Expand in community supports such as the South Meath Social Economy	As people get older seeing their homes and gardens get in to a state of disrepair can get them down

Priority Action Area: Supports & Services (Comments)

- Individual experiences, triggers and exacerbation of many mental health problems result from increasing demands caused by society and too few resources to enable individuals to cope. These include housing, access to healthcare free at the point to use, employment support, the ability to afford foot and fuel, and belonging to a group or community.
- "Anxiety disorders" is an umbrella term and can be caused by many triggers. Conditions such as OCD have hugely negative ramifications (triggering anxiety, suicidal ideation and depression). This wide-reaching nature of outcomes needs more education and understanding amongst the general public, employers etc.

List of Challenges identified from Survey

Challenges Category: Approach & Initiatives
no joint up thinking
Matching promotional activities with a response from services
Schools are very often the proposed settings for programmes to promote initiatives. Reception from schools to such initatives and openness to them can vary enormously. The busy nature of the school schedule can also detract from effectiveness of such programmes.
Making every Professional committed to be the change they want to see
Collectivity of effort to be harnessed and encouraged but not overly analyzed
over utilizing thing the media and technology
Getting bogged down in talk of "Frameworks", "Steering Groups" etc
Social Media
caring for people across the life span and not focusing on one group at the exclusion of others
The use of therapies such as EMDR does not seem to be mainstream
Housing for people
Reimagining 'metal health' as a componant of everything and not as a distinct issue
Lack of play places for young people to come together as teens youth hubs - learn life skills similar to men's sheds risky play loose parts play.
Not all mental health promotion actions cost money and people need to take responsibility for their own health and self care

Challenges Category: Awareness & Understanding
mental health "poor relation" of health services
Appropriate messaging for specific groups /age cohorts (Young people do not want to be patronised)
Not knowing enough about local services and how to access them
Lack of clarity on what may be considered mental health versus mental health service, emotional wellbeing
Depending how initiative is promoted fear of stigma
Attitudes which are averse to accepting required changes and using structures to impede any positive developments
people not understanding
Digital literacy
Advertising and the media
Achieve awareness raising but are services and supports available when someone looks for them
Lack of understanding
Mental health difficult to define
Parents need to be aware of the warning sign that their child may need support active listening,& understand the impact alcohol and drugs can have on an adolescent brain.
Young people tend to wait too long to seek help

Comments:

Poor mental health is a major and growing issue for children…..

Challenges Category: Implementation
Targeted and coherent rollout
Tokenism - lack of long-term commitment to mental health promotion
Lack of senior (Taoiseach led) support
Mental Health is not a priority when compared to physical health
Timing - Need to strike ASAP while people are keen to support their own MH post Covid
Buy-in from staff and the public alike
partnerships different agendas
multi-stakeholder buy in
State agencies working in partnership with Community and Youth groups locally
Lack of national consistency across CHOs- national and regional/local singers
Stakeholder engagement - A lot of communities need to be heard here
compilation of all suggestions
Measurement of success. What will it look like? Less suicides, self-harm and hospital admissions would only be one part of the picture. How else can success be measured?
Individuality from other mental health plans while maintaining clear links

Challenges Category: Policy
Cross Governmental support
Not having a holistic approach
Multi faceted dimensions to mental health
Need a culture shift in mental health . The medical model still dominates because Consultants are still the dominant and most powerful member of MDT.
Lack of recognition of the importance of the social model working alongside the medical model
Overly bureaucratic and centralised recruitment
Slaintecare being frustrated by vested interests, private healthcare.
an under developed system (eg no proper PTSD supports)
Ireland needs to prioritise its people - currently treated as pawns to EU's regulations for more wealth at the detriment & destruction of human nature

Challenges Category: Priority Groups
Differing age groups
Homelessness
Creating supportive communities
Parents also are important stakeholders in the implementation of a NMHP plan. Their readiness to engage cannot be taken for granted
Digital poverty
Reaching marginalised communities effectively enough that they feel included within the plan
Priority groups may feel alienated or misunderstood
Poverty and disadvantage
Meeting the needs of those with mental illness as well as the general population
Lack of ethnic equality monitoring to monitor implementation
Reaching those with multiple barriers, challenges and apprehension about engagement
making it accessible and relevant to person on the street

Challenges Category: Resourcing
Availability of mental health nurses
Costs of buying in programme
team to work on project
lack of resources and services
an over wroked system
Funding for real actions not just glossy action plans that sit on shelves
Protected time for employee well being initiatives
Lack of investment in awareness campaigns with school age population
Support - Not the usual suspects
supervision for workers
Lack of resourcing in keeping with most health promotion work within the health system
Having adequately-funded, accessible and available services and supports as a foundation for the Mental Health Promotion Plan. These services need to adaptable to the presenting needs of the people who use them, accounting for complex comorbidities that may not currently have straightforward treatment pathways.
Lack of dedicated resources for implementation
Increasing job demands

Challenges Category: Societal
The impact of wider societal issues causing stress on individuals and families
People afraid to admit there is a problem
Changing culture and attitudes
Societal attitudes
dropping out of education
Maintaining Human Interaction during a pandemic
Personal responsibility
The severity of the pandemic coupled with the housing and homelessness crisis could mean that people have more immediate needs to be addressed and do not prioritise their mental health (for example, if facing immediate eviction or in in poverty/ deprivation and can't afford utilities such as heating)
Busy lives
the totalitarian and individualism of society would hinder real change
Culture change
Peoples basic rights need to be provided for first - shelter /housing, food - local produce, security & safety - judicial system that gives fair sentences for crime, society needs to be provided with hope - opportunities for employment
Isolation

Comments:

Promoting MH and building awareness must be linked to real tangible social change - individual and social attitudes but a real commitment and delivery on funding mental health services and an investment in the social determinates of mental health. Otherwise the National Mental Health Promotion plan like many other government strategies and plans are meaningless and are only given lip service at best.

Challenges Category: Supports & Services
Counselling & MHS waiting lists
Changing work practices to cover weekend service delivery in community
blocks to people accessing initiatives (childcare/ transport)
better setvices required both in hopsitals and in community
Lack of supports that build resilience
Service provision in covid times
Transport in rural areas / access
gaps in service provision making it unworkable in practical terms
GP referral required for CAMHS and primary care psychology.
Lack of local services
Lack of clarity in assessing required supports for people with MH difficulties
Accessibility of programmes and information
The closure of mental health facilities with expanding community services
Availability of appropriate support

Comments:

If there was some way of having consistency in the clinicians that a patient attends. Some patients may have approx 10 different clinician's names on their medical file, does any one of those have a good in-depth insight into the patient - in the way a GP knows their client inside out?

List of Opportunities identified from Survey

Opportunities
Category: Awareness & Understanding
Educate public on how to maintain good mental health.
Good information on mental health & wellbeing as well as the services available is generally available at both local & national level
To really open up a conversation on positive mental health and work to remove the stigma surrounding mental health issues.
People are more conscious of health and well being
Increasing awareness of mental health issues
Build on existing awareness raising and attitudinal change initiatives
More signposting by GPS for social prescribing, youth groups community groups etc. Medication has a role for some people but shouldn't be the first approach
Covid has brought the issue to the fore
Use social media and change the perception of wellbeing as something not just for goody two shoes!
Acceptance that mental disorders exist
social media a valuable resource
Informing professionals through frameworks and training to make informed decisions re required interventions and supports
To highlight the positive news around treatments, supports and recovery. A diagnosis of a mental health condition may bring challenges for an individual, their family, and employers but it does not have to be catastrophic or limit opportunities for the future.
Parents sometimes dismiss issues for young people, and can also compound the issues by modelling poor coping skills with alcohol or drug use in the home. Training for parents needed.
mental health promotion becomes part of everyday live for people
Acknowledging mental health as societal priority

Opportunities
Category: Approach & Initiatives (1)

Opportunity to acknowledge structural forces impacting negatively on mental health

Reduce health costs

all would be cared for

To work to reduce the incidence of suicide and self harm across the population

Show how these therapies can be used by the HSE and accessed privately by individuals

HSE MH promotion plan has paved the way for this.

Use social prescribing concepts as a starting point for some cohorts

a grass routes movement could bring more change that top down structures

to be creative in ways of working

Focus on health and not illness

Provide security in 'an address' - hope, stability, shelter, improved mental health will follow

The use of yoga and mindfulness as part of a healthy lifestyle needs promotion

To create partnerships which will engage all stakeholders for every stage of life

We are raising children indoors like battery chickens

Change from a solely quantitative to mixed qualitative measurement system

a willing support network (local community groups/ NGOs/ FRC's)

Opportunities
Category: Approach & Initiatives (2)

use youth work organisations

More campaigns around positive mental health from Early years up. We sometimes concentrate too much on telling children about healthy eating and physical health but not so much on mental health.

targeting programmes

Links with existing community organisations

Treatment of just the symptom is ineffective

Provide Support and recognition

take initiatives that have worked well and build on them

human connections are key and media and technology often undermine human connection

Increase and promote community digital hubs

Divert from medical model

Have informed plans built from lived experiences of those most in need which could result in higher engagement with initiatives

can reach a wider audience if remote service provision provided

Involving those with lived experience empowers and builds knowledge and capacity

Outdoor Events

Comments:

Poor mental health is a major and growing issue for children... Poor mental health is typically the result of a complex interplay between personal, social and environmental factors...

Opportunities Category: Implementation	Opportunities Category: Policy
A more holistic approach	If this is committed, all possibilities are there
business cases, SLAs	Development of a shared vision
Truly whole of gov approach to improving mental health and wellbeing of Irish society - recognition of intersectionality	Reframe mental health as a public health issue rather than individual responsibility
Leadership role of senior (Taoiseach led) support	change the way we educate
Ability to liaise with other stakeholders and benefit from their expertise	structure development
If clinical leadership is one of shared governance	Ireland can lead the way on this - internationally only few countries have a specified MH Promotion plan
Improved mental health in society	Sláintecare commits to developing strong data infrastructure to inform implementation
To keep focus on aims	
Plan needs to be sincere with real workable actions	build a better functioning mental health care system
the impact of NGO service providers	A strengthening of our public system will bring equality to the health system
Recognition of the need for national and local synergy	
Develop a multi-disciplinary plan that attracts psychiatrists to Ireland	Potential to give clear direction to services and to identify small steps that can be taken by all
Enhanced community spirit	
gap analysis and planning	geographical service restructuring
Embed digital champions to support users into service delivery	It can move mountains, can have great clinicians who work tirelessly but with political will can change the landscape
NMHP plan complementary of StV and CfL but with actions and recommendations tangible for the lay person	
Local Policing to ensure community security	Set a new standard on addressing inequalities within health promotion strategy/implementation
Integration of existing health improvement work on issues such as tobacco, alcohol use, obesity etc	
Keeping the momentum and maintaining the relevance and support adding to the lifespan of the plan	Leave EU - Ireland was better a State 'independent' - people had less but peoples mental was better
learn from other countries re: new supports	
Change management needs to be built in using a top down approach	
After seeing so many varieties of mental health/wellbeing policies and plans over the years with overall minimal changes, this plan may require additional assurances and info about what makes this one different/impactful. Ideally backed up by tangible actions/goals	

Opportunities Category: Priority Groups
Children and young people could be the most enthusiastic advocates of the NMHP plan if they are courted as allies.
Openess amongst the younger generation about their struggles.
Young People more resilient
To effectively target employers and workplaces and commit to creating an environment where people feel comfortable discussing mental health challenges
not having enought to live
Focus on those who really need help as a priority

Opportunities Category: Resourcing
Giving time to develop programme
Flexible working alternatives / rotas
The need to prioritize mental health and fund an expansion of services
Resource Officers for Suicide Prevention
Use of public buildings after hours /weekends
Network of community organizations that can provide the space
Increase from 5% to minimum 12% of health budget to mental health
To highlight the need to expand the recruitment of RMH and develop CNS and ANP roles
Increase of financial resources
…CYPSCs can effectively support MH promotion actions /work locally.
Train up Family Resource Centre staff to roll out actions at early intervention level
use expertise, in HSE, in local areas
Rebalance the allocation of resource in line with needs rather than based on 'loudest voice' or 'political appeal'
Generation of locally developed talented workforce..
It takes a community to ... - a new initiative
Upskill the workforce
Massive surge in HP&I officer/Social prescribers/Healthy communities roles across HSE and other NGOs to drive this plan
supervision = healthier worker
Invest in services and supports
Comments:
If there was some way of having consistency in the clinicians that a patient attends. Some patients may have approx 10 different clinician's names on their medical file, does any one of those have a good in-depth insight into the patient - in the way a GP knows their client inside out?

Opportunities Category: Societal
To emphasise the link between MH and broader societal issues
There is widespread acknowledgement of how difficult a time everyone is having at the moment. The universality of the pandemic may make people more open to talking about mental health and availing of the relevant supports.
We are witnessing a change and can build on this greater openness
Timing - General public are primed and ready for this
Educate society about the negative effects
Happier society
truly care about fellow humans
safe accommodation
Comments:
Promoting MH and building awareness must be linked to real tangible social change - individual and social attitudes but a real commitment and delivery on funding mental health services and an investment in the social determinates of mental health. Otherwise the National Mental Health Promotion plan like many other government strategies and plans are meaningless and are only given lip service at best.

Opportunities Category: Supports & Services
Good services
everyone caring and being cared for
Everyone, including people with mental health difficulties, can access employment, social and recreational activities etc without stigma or prejudice.
Enhance help-seeking for those with evolving mental illness, substance misuse - enhance referrals to services that are evidence informed to support them
Leads to difficulties/ barriers to accessing services - waiting times etc
Demand for well resourced and functioning mental health services has never been greater
this can be a barrier to accessing services, cost of GP, waiting lists, not wanting to recount issues a number of times. Schools and Youth services should be able to contact mental health services and have an appointment set up for the young person in school or youth centre for support.
These crises aptly emphasise the need for positive mental health/ resilience and adequate supports. The plan can account for situations such as these, given their prevalence and directly address them.
To highlight the need to expand community services to ensure they are accessible
To highlight the consequence of lack of access to housing on MH and to call on the government to implement a mass public health building programme
Less addiction problems